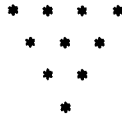


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ANNOTATED LIST OF PAST ACTIVITIES  
ON  
ALCOHOLISM IN MARYLAND: 1935-1960

(Published and Unpublished)



MARYLAND COMMISSION ON ALCOHOLISM

February 17, 1961

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1. The first part of the report is a general  
introduction to the subject of the study.  
2. The second part is a description of the  
methodology used in the study.  
3. The third part is a description of the  
results of the study.  
4. The fourth part is a discussion of the  
results of the study.

## PREFACE

In the course of collecting data on alcoholism in Maryland from September 1 to December 1, 1960, frequent references were made from time to time to previous studies, projects, and researches on alcoholism. Was the 1960 Commission on Alcoholism duplicating what had been done before? What was the result of these past studies? If successful, had they been continued? If not, why not?

This Annotated List and brief descriptions of some of the previous activities have been prepared for use by anyone interested in the problem of alcoholism in Maryland.

We wish to acknowledge the assistance of the following libraries, organizations, and individuals:

Enoch Pratt Free Library  
Medical & Chirurgical Faculty of Maryland Library  
Health Sciences Library, University of Maryland  
Henry Phipps Library, Johns Hopkins University  
Homewood Library, Johns Hopkins University  
Welch Medical Library, Johns Hopkins University  
State Department of Health Library  
Old Age, Survivors', Disability Insurance Library  
Peabody Library  
Legislative Council, Reference Library  
Spring Grove State Hospital Library  
Springfield State Hospital Library  
Crownsville State Hospital Library

State Department of Health, Bureau of Preventive Medicine,  
Division of Mental Health & Child Health  
State Department of Mental Hygiene, Central Office  
State Department of Mental Hygiene, Department of Research  
Health & Welfare Council of Baltimore Area, Inc.  
Maryland Council of Churches  
Hospital Council of Maryland, Inc.  
Blue Cross, Statistical Division  
Baltimore Criminal Justice Commission, Inc.  
Baltimore City Health Department  
Department of Social Work, University of Maryland Hospital

Mr. Joe Dellinger  
Miss Caroline Diggs  
Mr. W. Carl Lohmeyer  
Mr. T. R. McKeldin

Lillian M. Snyder  
Research Associate

Trial	Control (n=10)	MCI (n=10)	AD (n=10)
1	95	85	75
2	95	85	75
3	95	80	70
4	95	75	65
5	95	75	65



## HOW TO USE THIS BOOK

### ANNOTATED LIST OF REPORTS

The reports of past activities on alcoholism in Maryland are listed by year. Each citation includes:

1. Author
2. Title
3. Date reported or published
4. Brief description of activity

Titles of books and periodicals in which reports have been published are underscored.

### APPENDIXES

Besides the brief annotation of each report there is an appendix which consists of fuller abstracts for many of the reports listed. These abstracts include:

1. A description of reasons the activity was created.
2. Source and amount of funds.
3. Purpose.
4. Method of collecting data.
5. Results and recommendations.
6. Final outcome.

### INDEX OF AUTHORS

An author index alphabetically arranged has been added to assist the reader in locating specific reports.

1. The first part of the report discusses the general situation of the country and the progress of the work during the year. It also mentions the results of the various committees and the work of the different departments.

2. The second part of the report deals with the financial situation of the country. It gives a detailed account of the income and expenditure of the government and the different departments. It also mentions the results of the various financial committees and the work of the different departments.

3. The third part of the report discusses the progress of the various committees and the work of the different departments. It mentions the results of the various committees and the work of the different departments.

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LIST OF PAST ACTIVITIES ON ALCOHOLISM IN MARYLAND

YEAR

- 1935 Baltimore Criminal Justice Commission. "Drunken Driving Cases in Baltimore 1934 and 1935." (Typewritten Report in file of Baltimore Criminal Justice Commission)

This study pointed out that of the total of 23,402 moving violations 305 (.013%) were drunken driving violations. A later study in 1957 revealed that of 144,689 total moving violations, 862 (.005%) were drunken driving violations.

- 1945 Seliger, Robert V., in collaboration with Victoria Cranford. A Guide on Alcoholism for Social Workers. New York: Alcoholism Publications, The William-Frederick Press, March, 1945.

Dr. Seliger wrote seven papers, three of which were written in collaboration with Miss Victoria Cranford. These papers reflect the work done at the Henry Phipps Psychiatric Clinic where Dr. Seliger, Instructor in Psychiatry, was in charge of the treatment program for alcoholics. (See Appendix I for fuller abstract.)

- Seliger, Robert V. Alcoholics are Sick People. Baltimore: Alcoholism Publications, April, 1945.

This monograph was prepared for the use of physicians, psychiatrists, psychopathologists, nurses, social workers, clergymen, educators, patients, and relatives of the alcoholic. One of the main purposes of this book is to encourage the abnormal drinker to obtain expert aid before it is too late. (See Appendix II for fuller abstract.)

- 1946 Governor's Commission for the Study of Chronic Alcoholism, W. Carl Lohmeyer, Chairman. "Report of the Commission for the Study of Chronic Alcoholism." June, 1946. (Mimeographed Report in Maryland Dept., Enoch Pratt Free Library.)

The Commission conducted hearings every two weeks over a period of six months to ascertain extent of problem of alcoholism and to make recommendations to Governor Herbert R. O'Connor for coping with problem. (See Appendix III for fuller abstract.)

- 1946 Seliger, Robert V. and Cranford, Victoria. "Psychiatric Orientation of the Alcoholic Criminal," from book by Seliger, Robert A., Lukas, Edwin J. and Lindner, Robert M. Contemporary Criminal Hygiene. Baltimore: Oakridge Press (May, 1946), 163-180.

In this chapter, the authors discuss the question, "Does alcohol inhibit or release aggressive drives and damaging activities against society that result in criminotic behavior?" (See Appendix IV for fuller abstract.)

*Journal of Management Education* 36(7)>

YEAR

- 1946 Price, Charles P. "The Jail's Responsibility towards Chronic  
(Con'd) Alcoholic," Proceedings of Annual Meeting of American Prison Association. (Detroit, Michigan) October, 1946.

At the 76th annual meeting of the Congress of Correction sponsored by the American Prison Association in Detroit, Michigan, Warden Charles P. Price of the Baltimore City Jail made a plea that the alcoholic is a sick person who needs medical treatment. (See Appendix V for fuller abstract.) Also published in Prison World, Vol. 8, No. 6. (November-December, 1946.)

- 1948 Sub-Committee of Legislative Council to Study State Aid to Chronic Alcoholics, W. Carl Lohmeyer, Chairman. "Report of Committee of Legislative Council to Study State Aid to Chronic Alcoholics." January, 1948. (Mimeographed Report in Maryland Department, Enoch Pratt Free Library.)

The Sub-Committee of the Legislative Council appointed by Senator Joseph A. Byrnes, Chairman of Legislative Council, conducted hearings to determine extent of problem of alcoholism and to make recommendations to deal with it. (See Appendix VI for fuller abstract.)

- 1950 Turnbull, Grace H. Fruit of the Vine: A Symposium on Social Drinking. Baltimore: The Lord Baltimore Press, April, 1950.

Miss Turnbull quotes passages on the evil effects of excessive drinking, beginning with the recorded history of Babylon in the year 538 B.C. up to the present day writing. References are made to well known literary figures, former presidents, members of the medical profession, and official documents. One quotation, for instance, from an article published in the Christian Science Monitor by Dr. Haven Emerson points out that "What the community gets in taxes on the beverage alcohol industry and retail trade does not nearly meet the cost of illness, death, unemployment, accident, crime, and mental disease which are the result of alcohol abuse and for which the community must pay."

- 1951 Joint Senate and House Committee (Maryland General Assembly), Jerome Robinson, Chairman. Report of Joint Senate and House Committee to Review Maryland Mental Health Program. March, 1951.

The Committee reviewed the treatment, research, and training programs as well as physical facilities and personnel standards in state mental hospitals and recommended creation of the Department of Mental Hygiene. No specific mention is made of problem of alcohol. A recommendation was made, however,

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is essential for ensuring transparency and accountability in the organization's operations. The text also mentions that proper record-keeping helps in identifying trends and patterns, which can be useful for strategic planning and decision-making.

2. The second part of the document focuses on the role of the management team in overseeing the organization's performance. It states that the management team should regularly review the financial statements and other key performance indicators to ensure that the organization is on track to meet its goals. The text also highlights the importance of communication between the management team and the staff, as this helps in aligning everyone's efforts towards the common objectives.

3. The third part of the document discusses the need for continuous improvement in the organization's processes. It suggests that the management team should encourage the staff to identify areas for improvement and implement changes accordingly. The text also mentions that regular training and development programs can help in enhancing the skills and knowledge of the staff, which is crucial for the organization's long-term success.

4. The fourth part of the document talks about the importance of maintaining a strong relationship with the stakeholders. It states that the organization should regularly communicate with its customers, suppliers, and other stakeholders to understand their needs and expectations. The text also mentions that a strong relationship with the stakeholders can help in building trust and loyalty, which is essential for the organization's growth and sustainability.

5. The fifth part of the document discusses the role of the board of directors in overseeing the organization's activities. It states that the board should regularly review the organization's performance and provide guidance to the management team. The text also highlights the importance of the board in ensuring that the organization is compliant with all applicable laws and regulations.

6. The sixth part of the document talks about the importance of maintaining a strong financial position. It suggests that the organization should regularly review its financial statements and ensure that it has sufficient funds to meet its obligations. The text also mentions that a strong financial position can help in attracting investors and other stakeholders, which is crucial for the organization's growth and sustainability.

7. The seventh part of the document discusses the need for a strong corporate culture. It states that the organization should encourage its staff to work together in a collaborative and supportive environment. The text also mentions that a strong corporate culture can help in attracting and retaining top talent, which is essential for the organization's long-term success.

8. The eighth part of the document talks about the importance of maintaining a strong reputation. It suggests that the organization should regularly monitor its reputation and take steps to address any negative feedback. The text also mentions that a strong reputation can help in building trust and loyalty among the stakeholders, which is essential for the organization's growth and sustainability.

9. The ninth part of the document discusses the need for a strong risk management framework. It states that the organization should regularly assess its risks and implement measures to mitigate them. The text also mentions that a strong risk management framework can help in ensuring the organization's resilience and sustainability in the face of uncertainties.

10. The tenth part of the document talks about the importance of maintaining a strong ethical stance. It suggests that the organization should regularly review its policies and procedures to ensure that they are aligned with the highest ethical standards. The text also mentions that a strong ethical stance can help in building trust and loyalty among the stakeholders, which is essential for the organization's growth and sustainability.

YEAR

1951 to provide a consultation service to police and family physicians requesting help in committing patients.  
(con'd)

1952 Henderson, Ralph M. and Straus, Robert. "Alcoholism, 1941-1951: A Survey of Activities in Research, Education and Therapy, VI. Programs on Alcoholism in the United States, 1952," Quarterly Journal of Studies on Alcohol, Vol. 17: 472-495.

Although no specific legislation regarding an alcoholism program had been passed, the authors state that the Governor of Maryland had included \$25,000 in his budget for this purpose and had directed the State Health Department to begin a program. Proposals for a program for the prevention of alcoholism call for, "the establishment of a Section of Studies on Alcoholism; the establishment of outpatient and hospital treatment services in Baltimore and the development of a program of education and prevention based on established principles of mental hygiene and health education. The Division of Mental Health would seek the cooperation of the state mental hospitals, private and public general hospitals, mental hygiene clinics, medical care and chronic hospital programs, vocational rehabilitation programs, Alcoholics Anonymous, the Veterans Administration, correctional institutions, and numerous religious bodies."

Maryland State Health Department, Bureau of Preventive Medicine, Division of Mental Health, Section on Alcohol Studies. July, 1952 - July, 1957.

The Section on Alcohol Studies was established in the State Department of Health for a program of treatment, research, education, and prevention of alcoholism. (See Appendix VII for fuller abstract.)

A. Johns Hopkins Studies

Funds were awarded annually to the Research Group at Johns Hopkins Hospital for a variety of studies. The following studies have been published on group psychotherapy:

1. Gliedman, L. H., Nash, Helen T., Webb, William L.  
"Group Psychotherapy of Male Alcoholics and Their Wives," Diseases of the Nervous System, Vol. 17: 90-93, 1956.

Nine married male alcoholics took part in a group therapy program that included parallel but separate group discussion meetings of their wives. The patients' initial status and their progress were described by four scales. These scales highlighted the patients' deficient self-esteem, unsatisfactory

1. The first part of the report deals with the general situation of the country and the position of the various groups of the population. It is a very interesting and well written account of the country and its people. The author has done a great deal of research and has gathered a wealth of material. The report is a valuable contribution to the knowledge of the country and its people.

2. The second part of the report deals with the economic situation of the country. It is a very interesting and well written account of the country and its people. The author has done a great deal of research and has gathered a wealth of material. The report is a valuable contribution to the knowledge of the country and its people.

3. The third part of the report deals with the social situation of the country. It is a very interesting and well written account of the country and its people. The author has done a great deal of research and has gathered a wealth of material. The report is a valuable contribution to the knowledge of the country and its people.

4. The fourth part of the report deals with the political situation of the country. It is a very interesting and well written account of the country and its people. The author has done a great deal of research and has gathered a wealth of material. The report is a valuable contribution to the knowledge of the country and its people.

5. The fifth part of the report deals with the cultural situation of the country. It is a very interesting and well written account of the country and its people. The author has done a great deal of research and has gathered a wealth of material. The report is a valuable contribution to the knowledge of the country and its people.

6. The sixth part of the report deals with the religious situation of the country. It is a very interesting and well written account of the country and its people. The author has done a great deal of research and has gathered a wealth of material. The report is a valuable contribution to the knowledge of the country and its people.

7. The seventh part of the report deals with the educational situation of the country. It is a very interesting and well written account of the country and its people. The author has done a great deal of research and has gathered a wealth of material. The report is a valuable contribution to the knowledge of the country and its people.

8. The eighth part of the report deals with the health situation of the country. It is a very interesting and well written account of the country and its people. The author has done a great deal of research and has gathered a wealth of material. The report is a valuable contribution to the knowledge of the country and its people.

9. The ninth part of the report deals with the legal situation of the country. It is a very interesting and well written account of the country and its people. The author has done a great deal of research and has gathered a wealth of material. The report is a valuable contribution to the knowledge of the country and its people.

10. The tenth part of the report deals with the military situation of the country. It is a very interesting and well written account of the country and its people. The author has done a great deal of research and has gathered a wealth of material. The report is a valuable contribution to the knowledge of the country and its people.



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marital state, depressiveness, and irritability. The group therapy program fostered healthful changes in these areas in addition to amelioration of the drinking behavior.

2. Gliedman, L. H., Rosenthal, David, Frank, Jerome D., and Nash, Helen T. "Group Therapy of Alcoholics with Concurrent Group Meetings of their Wives," Quarterly Journal of Studies on Alcohol, Vol. 17: 655-670, 1956.

This report is another review of data described under 1.

3. Gliedman, L. H. "Concurrent and Combined Group Therapy of Chronic Alcoholics and their Wives," The International Journal of Group Psychotherapy, Vol. 7: 414-424, 1957.

Nine couples were studied intensively, both clinically and by means of four measures: a drinking checklist, a symptom checklist, an adjective checklist, and a social ineffectiveness scale. Patients and wives were interviewed separately. The nature of the group program devised for them and its effect on drinking and the marriage were discussed. The importance of the wives in the patients' recovery was stressed. The highly selected nature of the population must be emphasized again in interpreting these results.

4. Gliedman, L. H. "Some Contributions of Group Therapy in the Treatment of Chronic Alcoholism," Problems of Addiction and Habituation, printed in U.S.A. 1958.

This is another report of the findings regarding the data which have already been described under 1.

The Johns Hopkins Research Team made several reports of their findings in evaluating the county alcoholic rehabilitation clinics.

5. Gliedman, L. H., Imber, Stanley D., and Stone, Anthony R. "Report of the Committee for the Assessment of the Alcoholic Rehabilitation Clinics." Maryland State Department of Health, Division of Mental Health. June 30, 1957. (Mimeographed.)

The records of 57 men and 20 women patients in six county rehabilitation clinics for alcoholics: (Anne Arundel, Baltimore, Cecil, Montgomery, Washington and Wicomico) were studied in order to identify the factors favoring recovery. Treatment included



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both individual and group psychotherapy. Criteria of improvement included the amount and frequency of alcohol consumption, family and social adjustment, occupational adjustment, and physical appearance. Data were collected through a 3-month period from March 1 through May 31, 1956. Forty-two percent of the patients improved on three or more of these criteria. The greatest improvement was found in those who attended the most treatment sessions, whose spouses participated in these sessions, and whose relatives received routine social service contacts. The unusually favorable results obtained demonstrate the importance of considering groups, especially family, in future planning for the outpatient treatment of chronic alcoholism.

6. Thomas, Robert E., Gliedman, Lester H., Imber, Stanley D., Stone, Anthony R., and Freund, Julia. "Evaluation of the Maryland Alcoholic Rehabilitation Clinics," Quarterly Journal of Studies on Alcohol, Vol. 20: 65-76, 1959.

This is a report of the same findings described under 5.

7. Thomas, Robert E., Gliedman, Lester H., Freund, Julia, Imber, Stanley D., and Stone, Anthony R. "Favorable Response in the Clinical Treatment of Chronic Alcoholism," The Journal of the American Medical Association, Vol. 169: 1994-1997, 1959.

This is another report of the same findings described under 5.

8. Freund, Julia, Gliedman, Lester H., Thomas, Robert E., Imber, Stanley D., and Stone, Anthony R. "The Public Health Nurse and Alcoholic Rehabilitation." (Typewritten)

This report describes the role of the public health nurse as a member of the team within the Alcoholic Rehabilitation Clinic and as a full-time employee of the County Health Department outside the Clinic. Discussion is based on responses to an open-ended questionnaire.

The Johns Hopkins Research Team made the following report of their study of the Baltimore City Northwest Community Project on Alcoholism:

9. Thomas, Robert E., Gilliam, James H., and Walker, Dollie R. "A Survey of the Baltimore City Northwest Community Project on Alcoholism" (for the period



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(con'd)September 1, 1954- April 30, 1957). June 1, 1958.  
(Mimeographed.)

Concern by an interested group of citizens about the possible relationship between the high incidence of crime in the Northwest section of Baltimore City and the problem of alcoholism led the Section on Alcohol Studies within the Department of Health to finance a pilot demonstration program providing casework services to the alcoholic offender in the Northwestern Police District Court. Casework treatment was completed with 74 persons referred from the Magistrate's Court during this period. Only 16% of the clients refused the service. Decrease in the amount and/or frequency of drinking was noted in 75% of the clients and only 3% of the clients were found to be worse. 86% of clients whose relatives were included in treatment showed improvement in their drinking patterns. Criteria for improvement included: frequency of drinking, family-social adjustment, occupational adjustment, and physical status. 50% of the clients improved on three or more of the four criteria. The survey indicated that highly positive results were achieved. 76% of the clients seen had fewer arrests after accepting counseling than had been the case prior to that experience. Even more impressive is the finding that 60% of the clients had no subsequent contact with the law at all. It appears from this study that casework counseling services are valuable and economical to the client and his family as well as the community in general.

It was recommended that this program become a full-time operation; that it be extended to all Police District Magistrate Courts; that research be continued; that educational opportunities in the form of work-shops, in-service education and training (such as that conducted by the Yale University Summer School of Alcohol Studies) be established; that a public information and counseling center on alcoholism be established and that opportunities for medical and psychiatric evaluation be made readily available to clients seen in the Magistrate Courts.

The Section on Alcohol Studies completed its purpose in demonstrating the value of this pilot project. The Baltimore community was not sufficiently interested to continue this valuable service.



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10. Thomas, Robert E., Gilliam, James H., Walker, Dollie R. "Casework Services for Alcoholics in a Magistrate's Court," Social Work, Vol. 41, 33-38, 1960.

This report is a summary of the findings described under 9.

The following are miscellaneous reports published by the Hopkins Research Team:

11. Gliedman, Lester H. "Temporal Orientation and Chronic Alcoholism," reprint from The Maryland Review on Alcoholism, July, 1955.

This paper is an observation of the characteristic temporal orientation associated with alcoholism. Much of the functioning of chronic alcoholics points to certain serious differences in the way they handle experienced time. Although in the usual memory testing there does not seem to be any gross discrepancy in the alcoholic, the deficiency instead seems to lie in the fact that "yesterday's behavior appears to have relatively little influence on what takes place today." Tomorrow and the future, appear to be remote and not guides to present activity. An appreciation of the alcoholics' temporal orientation to life can be useful both in understanding more of their behavior and in planning rehabilitation programs.

12. Gliedman, Lester H., and Stone, Anthony R. "The Nurse and the Treatment of Chronic Alcoholism," The Alumnae Magazine, Vol. 57, 7-10, 1958.

Observations about the alcoholic individual have been discussed, which have been presented in some of the foregoing researches. The paper is published in a nursing journal to enlist greater understanding and appreciation of the alcoholic problem among members of the medical and nursing professions.

13. Stone, Anthony R. "Stimulating Established Agencies to Accept a Treatment Role in Alcoholism," Psychiatric Social Work Institute, National States Conference on Alcoholism, Sixth Annual Meeting, Miami Beach, Florida, October 29-30, 1955.

Observations in this paper reflect the work of the Hopkins Research Team. Criticism is directed toward social agencies and medical agencies which have looked upon alcoholism as an "offensive" illness. Constructive programs such as Alcoholics Anonymous and

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Yale University Summer School of Alcohol Studies were mentioned.

B. University of Maryland Hospital, Psychiatric Institute Studies

The following reports of researches made at the University of Maryland Hospital, Psychiatric Institute have been supported by the Division on Alcohol Studies as well as the National Institute of Mental Health.

14. Grenell, Robert G. "Alcohols and Activity of Cerebral Neurons," Quarterly Journal of Studies on Alcohol, Vol. 20: 421-427, 1959.

A study was made of the effects on cortical response of various concentrations of dosages among four alcohols which were administered intravenously.

15. Finesinger, J. E., and Grenell, Robert G. "Relationship of Metabolism and Brain Function," (Listed among Research Grants Support in the Field of Alcoholism by N.I.M.H. 1951 and 1952.)

A report of some of the findings has been described under 14.

16. Finesinger, J. E. and Grenell, Robert G. "Affects of Chemicals upon Cerebral Oxidation." (This research was listed under Research Grants Support in Field of Alcoholism by N.I.M.H. for years, 1954 to 1960 inclusively.)

A report of the findings has been described under 14.

C. County Health Department Studies

The following papers have been published by staff members of the County Health Department Clinics on Alcoholism:

17. Pope, Benjamin. "Attitude Toward Group Therapy in a Psychiatric Clinic for Alcoholics," Quarterly Journal of Studies on Alcohol, Vol. 17: 233-254, 1956.

This study was carried out at the Baltimore County Alcoholic Rehabilitation Clinic. An attempt was made to determine whether a psychiatric clinic for the treatment of alcoholics fosters among its patients and personnel a cohesive system of values regarding group therapy. Through examining the

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records of group therapy sessions in the clinic, a rationale was evolved for such a value system. According to this rationale the patient within the group has four possible foci of interest; the group as a whole, individuals within the group, the leader, and the patient's closest relative or friend outside the group. There are also four types of benefits from group participation: encouragement and support, clarification, emotional experience, and change in drinking habits. This rationale was used in a balanced block design for the construction of 80 attitude statements.

There were 12 subjects: 7 patients who had been attending the group for over 2 months, 2 psychiatrists who were the leaders of the group, 2 public health nurses who had been observers at weekly group therapy sessions for a full year, and the administrator of the program.

A surprisingly high level of agreements was manifest among all the subjects. The entire group placed major emphasis on the doctor's help with emotional problems, his clarification of these problems, and the support that he as leader of the group provides to the members. The group as a whole and individuals within the group were also appreciated as sources of support and clarification of the patient's drinking problem. Negative attitudes and feelings toward the doctor, the group or its members were strongly rejected.

18. Grant, Murray, Schneidmuhl, A. M., Yolles, Stanley F. "A Public Health Approach to the Problems of Alcoholism," Maryland State Department of Health Monthly Bulletin, Vol. 31, No. 7, July, 1959.

The report begins with a description of the problem of alcoholism in general, then describes a proposal for a 4 year demonstration program for alcoholic patients. By contract with the County Commissioners of Prince George's County, the National Institute of Mental Health awarded a grant of \$42,980 for the first year's operation beginning July 1, 1959. The program provides for inpatient and outpatient services, an educational program and an evaluation to be made jointly by the Mental Health Studies Center and the Prince George's County Health Department. A technical advisory committee as well as a lay advisory committee will be established.

The first part of the paper is devoted to a discussion of the  
 various methods which have been proposed for the determination of  
 the rate of reaction between a radical and a molecule. The  
 most common of these is the method of initial rates, in which  
 the initial concentration of the radical is varied and the  
 initial rate of reaction is measured. This method is simple  
 and direct, but it is subject to a number of errors, and it  
 is often difficult to obtain accurate results. Another method  
 is the method of half-lives, in which the half-life of the  
 radical is measured. This method is also simple, but it is  
 subject to the same errors as the method of initial rates.  
 A third method is the method of steady-state concentrations,  
 in which the concentration of the radical is maintained at a  
 constant value by the addition of a suitable reagent. This  
 method is more complicated, but it is more accurate than the  
 other two. The fourth method is the method of kinetic  
 analysis, in which the rate of reaction is measured as a  
 function of the concentration of the radical. This method is  
 also more complicated, but it is the most accurate of the  
 four. The fifth method is the method of electron spin  
 resonance, in which the rate of reaction is measured by the  
 change in the intensity of the ESR signal. This method is  
 the most accurate of all, but it is also the most complex.  
 In this paper, we shall discuss the various methods in detail,  
 and we shall give examples of the results which have been  
 obtained by each of them. We shall also discuss the factors  
 which affect the rate of reaction, and we shall give a  
 summary of the results which have been obtained to date.

YEAR1953

McDivitt, Boyd C. "Medical and Welfare Facilities Available to Police and Magistrates for Persons Who Need Not Be Committed to the Baltimore City Jail for Misdemeanors." April, 1953. (Mimeographed.)

The Prisoners Aid Association of Maryland requested Governor McKeldin's assistance in a combined effort to work out procedures for examination and treatment of acutely ill or injured, chronically ill, the mentally ill and the indigent and homeless persons. Cooperation was obtained from Maryland Medical and Chirurgical Faculty, Baltimore City Medical Society, Baltimore Hospital Conference, Maryland Department of Mental Hygiene, and Baltimore City Department of Public Welfare. (See Appendix VIII for fuller abstract.)

Snyder, Lillian M. "Minutes on Current Problems in Provision of Medical Care for The Alcoholic." May, 1953. (Typewritten.)

A series of meetings was called by Miss Mary Glackin, Maryland State Department of Mental Hygiene, to discuss problems in providing medical care for the alcoholic and to exchange information on how to assist the alcoholic patient to get to the appropriate community agency. Representatives participated from general hospitals, state psychiatric hospitals, Section on Alcohol Studies, Bureau of Preventive Medicine, Maryland State Health Department, Legal Aid Bureau, A.A., and Johns Hopkins Social Service Department.

1954

Boyd, C. Holmes, M.D., Moderator. "The Control of Chronic Alcoholism," Maryland State Medical Journal, Vol. 7, 20-40, 1958.

A symposium, sponsored by the Joint Committee on Medico-legal Problems of the Medical and Chirurgical Faculty of Maryland and the State and City Bar Associations, was presented before the members of the medical and legal associations to discuss certain phases of the subject of common interest and which are assuming a greater and greater importance in public life. (See Appendix IX for fuller abstract.)

1956

Baltimore Council of Social Agencies, Advisory Committee for Study of Homeless, Sick, and Alcoholic Persons in the Baltimore City Jail, Robert S. Hoyt, Chairman. "A Study of Homeless, Sick, and Alcoholic Persons in the Baltimore City Jail." April, 1956. (Mimeographed.)

This study was made at the request of the Baltimore City Council and the Baltimore Department of Welfare, to determine the nature and extent of the problem of alcoholism among the Baltimore City Jail population. The study included the number of arrests related to drinking, the number of persons confined to jail, along with the medical and social needs of these individuals. (See Appendix X for fuller abstract.)

The first part of the paper discusses the importance of the study and the objectives of the research. It also mentions the scope of the study and the limitations of the study.

The second part of the paper discusses the methodology used in the study. It mentions the data sources and the data collection methods. It also mentions the data analysis methods used in the study.

The third part of the paper discusses the results of the study. It mentions the findings of the study and the conclusions drawn from the study. It also mentions the implications of the study and the recommendations for future research.

The fourth part of the paper discusses the conclusion of the study. It mentions the overall findings of the study and the conclusions drawn from the study. It also mentions the implications of the study and the recommendations for future research.

The fifth part of the paper discusses the conclusion of the study. It mentions the overall findings of the study and the conclusions drawn from the study. It also mentions the implications of the study and the recommendations for future research.

The sixth part of the paper discusses the conclusion of the study. It mentions the overall findings of the study and the conclusions drawn from the study. It also mentions the implications of the study and the recommendations for future research.

YEAR

- 1956 Padula, Helen, Chief Supervisor, Social Service Department,  
(con'd) Spring Grove State Hospital. "A Study of Movement of  
Patients in Spring Grove State Hospital," August, 1956.  
(A memorandum to Dr. Isadore Tuerk.)

This study includes an unduplicated count of all patients admitted to Spring Grove State Hospital during the first three months of 1954 and shows the movement of patients by diagnosis from building to building and through release and annual follow-up. (See Appendix XI for fuller abstract.)

- 1957 Baltimore Council of Social Agencies, Committee on Management of Psychiatric Emergencies, Marshall A. Levin, Chairman. "The Management of Psychiatric Emergencies." February, 1957. (Mimeographed.)

In September 1955, the Baltimore City Police Department asked that a study be made of the emergency detention of persons thought to be mentally ill and the role of the police in the disposition and handling of such cases. From 1949 discussions had been held with various groups including the Baltimore City Medical Society, Johns Hopkins Hospital, University of Maryland Hospital - Psychiatric Institute, Baltimore Department of Welfare and the State Department of Mental Hygiene. The Study was completed after 18 months and 13 recommendations were made, some of which have been implemented. (See Appendix XII for fuller abstract.)

- 1958 Baltimore Council of Social Agencies. "Analysis of Admissions to Mental Hospitals Managed in November 1957 by Police Department of Baltimore City." 1958. (Mimeographed.)

In the fall of 1957 when the Committee on the Hospitalization of the Mentally Ill began to consider the proposal to shift "police patients" from the lock-up to the general hospital for examination and disposition, it became apparent that further study should be made of the "police patients." Staff members of the Baltimore Council of Social Agencies made the study which ruined many widely held assumptions. (See Appendix XIII for fuller abstract.)

- Laties, Victor G., Lasagna, Louis, Gross, Gertrude M., Hitchman, Irene L., and Flores, Jose. "A Controlled Trial of Chlorpromazine and Promazine in the Management of Delirium Tremens," Quarterly Journal of Studies on Alcohol, Vol. 19: 238-243, 1958.

A double-blind controlled study of promazine and chlorpromazine was carried out in 32 patients with delirium tremens, to determine the relative efficacy of the two drugs in controlling the psychic and gastrointestinal symptoms of this syndrome. (See Appendix XIV for fuller abstract.)

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track every detail, from small expenses to major investments.

2. The second section focuses on the role of technology in modern record-keeping. It highlights how digital tools can significantly reduce the risk of human error and improve the efficiency of data management. The author argues that investing in reliable software and hardware is not just a cost but a strategic move to ensure long-term data integrity.

3. The third part of the document addresses the challenges of data security. It notes that as the volume of data increases, the potential for breaches also grows. Therefore, organizations must adopt a multi-layered security approach, including regular updates, strong passwords, and employee training to mitigate these risks.

4. The fourth section discusses the importance of data backup and recovery. It states that having a reliable backup system is crucial to prevent data loss in the event of a disaster or system failure. The text recommends testing backup procedures regularly to ensure they work as intended.

5. The fifth part of the document touches upon the legal and regulatory aspects of record-keeping. It mentions that various industries have specific requirements for how long records must be kept and how they should be stored. Compliance with these regulations is vital to avoid legal penalties and maintain the organization's reputation.

6. The sixth section provides practical advice on organizing and categorizing records. It suggests using a consistent naming convention and a clear folder structure to make it easy to find and retrieve information when needed. This organizational discipline is key to maximizing the utility of the recorded data.

7. The seventh part of the document discusses the importance of periodic audits. It explains that regular reviews of records can help identify discrepancies, errors, or areas for improvement. Audits also serve as a way to verify that the record-keeping system is functioning correctly and in compliance with all relevant standards.

8. The eighth section of the document talks about the importance of training and education. It notes that even the best system is only as good as the people using it. Therefore, providing ongoing training for staff on record-keeping procedures and best practices is essential for success.

9. The ninth part of the document discusses the importance of documentation of the record-keeping process itself. It suggests creating a manual or policy document that outlines the procedures, responsibilities, and standards for record-keeping. This documentation serves as a reference and ensures consistency across the organization.

10. The final section of the document concludes by emphasizing the overall value of a well-maintained record-keeping system. It states that such a system is not just a administrative task but a fundamental part of an organization's operational excellence, enabling better decision-making and long-term success.



YEAR

1958 Neustadt, John O. "Report on the Psychiatric Service of the  
(con'd) Department of Medicine of the Baltimore City Hospital,"  
1958. (Mimeographed.)

From the time the Psychopathic Hospital was closed in 1936, psychiatric consultation has been provided patients in the City Hospitals by Johns Hopkins psychiatrists. From an analysis of the first 100 consultation requests received between July 1, 1957 and October 1, 1957, Dr. Neustadt described the needs of the patients and how these needs were being met. He has also described the administrative framework required to achieve goals and services to patients, education for medical students and house staff, and research. He has listed the needs that should be met in fulfilling these goals. One need is for the expansion of the program to assist the alcoholic patient and above all the need for increased understanding of alcoholism in the development of therapeutic techniques based on that understanding.

1959 Baltimore Council of Social Agencies, Division of Medical and Health Agencies, Doreen C. Moore, Staff Assistant, "Voluntary Admissions to Springfield State Hospital from July 1, 1957 to June 30, 1958." May, 1959. (Mimeographed.)

The Committee on the Hospitalization of the Mentally Ill found it important to encourage a much wider use of the voluntary admission procedure as a means to encourage early admissions. Study of the use of the voluntary admission at the Springfield State Hospital of the Baltimore Council of Social Agencies showed a substantial increase in the use of the voluntary procedure from July 1957 to July 1958. Eleven percent of all admissions during the calendar year of 1959 were voluntary. At least half of these voluntary patients were making use of the hospital primarily for the treatment of alcoholism or for care during periods of acute physical and mental disturbances following severe intoxication.

There is no doubt that there is a trend toward an extension of voluntary admissions in Maryland as well as other states. Nevertheless there is some doubt about the desirability of this trend for fear the mental hospitals would be swamped with requests for admission.

Baltimore Council of Social Agencies, Planning Committee on Alcoholism, Doreen C. Moore, Staff Assistant, "Acute Alcoholics in Baltimore Area Who Need Emergency Medical Treatment Which Could be Provided in A General Hospital." July, 1959. (Mimeographed.)

In reply to a questionnaire sent to fifteen general hospitals in Baltimore City in 1958 and again in 1959, eight hospitals indicated they would provide "First Aid" in their



YEAR1959

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Emergency Rooms. Seven will admit patients with secondary diagnosis of alcoholism. Several hospitals listed conditions under which they would admit the alcoholic patient. (See Appendix XV for fuller abstract.)

Baltimore Council of Social Agencies, Planning Committee on Alcoholism, William P. Carton, Chairman. "The Services and Needs for Medical Care of Alcoholics in the Acute Stage," Maryland Review on Alcoholism, Vol. 6, No. 1, July 1, 1959.

This is a report of a panel discussion to consider the services and needs in the greater Baltimore area for medical care of alcoholics in the acute stage. (See Appendix XVI for fuller abstract.)

1960

Prather, Perry F., and Chandler, Caroline A. "Program for the Control of Alcoholism: Objectives and Methods," Maryland State Medical Journal, Vol. 9: 15-18, 1960.

This paper defines alcoholism as a disease, reviews current medical management of the acute stage and describes the current services being provided to alcoholics in chronic stage in county health clinics. Research, training and public education are stressed. (See Appendix XVII for fuller abstract.)

Gruenwald, F., Hanlon, T. E., Wachsler, S., and Kurland, A. A. "A Comparative Study of Promazine and Trifluorpromazine in the Treatment of Acute Alcoholism," Diseases of the Nervous System, Vol. 21: 32-38, 1960.

This study compares the effect of two drugs in the treatment of acute alcoholism. (See Appendix XVIII for fuller abstract.)

Hospital Council of Maryland. "Study of Number of Unconscious or Comatose Patients due to Alcohol Brought to Emergency Rooms of General Hospitals in Baltimore City." 1960. (Unpublished report.)

A memorandum was sent to each of the fifteen general hospitals in Baltimore City which reported that during the two week period covered a total of 11 unconscious or comatose patients due to alcohol were seen in the Emergency Rooms. Six of these were brought in by police.

Bahn, Anita E. "A Methodological Study of the Outpatient Psychiatric Clinic Population of Maryland, 1958-59." April, 1960. (Unpublished Sc. D. dissertation, School of Hygiene and Public Health, Johns Hopkins University.)

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istics of psychiatric clinic outpatients in Maryland are reported. (See Appendix XIX for fuller abstract.)

Bahn, Anita K., Chandler, Caroline A., and Eisenberg, Leon.

"Diagnostic and Demographic Characteristics of Patients Seen in Outpatient Psychiatric Clinics for an Entire State (Maryland): Implications for the Psychiatrist and the Mental Health Program Planner." (Mimeographed report presented at the 116th Annual Meeting of the American Psychiatric Association, May 13, 1960.)

This paper presents some of the findings of the first comprehensive study on the characteristics of psychiatric clinic outpatients in the State of Maryland. Data were collected on the age, sex, color, place of residence and mental disorder of every Maryland resident seen in a mental health clinic in the state.

Bahn, Anita K. and Chandler, Caroline A. "Alcoholism in Psychiatric Clinic Outpatients." 1960. (Mimeographed report in State Health Department File.)

This report based on foregoing data points out the large differences in the alcoholic rates for clinic patients by age, sex, color, and place of residence. It was noted that complete reporting by all outpatient psychiatric clinics serving a geographical area can thus aid in further epidemiological investigation of mental disorders. The routine reporting of all clinics of the symptom of "excessive drinking" can provide more complete information on the extent of this problem for ecological studies and alcohol control programs. With advancing age, alcoholism (addiction) and brain syndrome associated with alcohol intoxications become relatively important in the clinic picture. These data suggest that there may be some important shifts by age in type of disorder. Longitudinal studies are needed on patients under care of psychiatric facilities in order to provide more definitive information on the "natural history" of these disorders which account for such a large economic, social and health loss.

Martin, William A. "A Review of Baltimore's Problem of Chronic Alcoholism and Acute Intoxication," Health and Welfare Council of Baltimore Area, Inc. May, 1960. (Mimeographed.)

This brief and tentative analysis of the problem of alcoholism and intoxication was prepared for consideration by the Mayor's Committee on Chronic Alcoholism. The chief point in this report is that the question of "alcoholism" has to be broken down into its constituent elements. An analysis of four specific categories of alcoholic persons is intended to provide the basis for the planning of four



YEAR

1960 separate and distinct programs. (See Appendix XX for fuller  
(con'd) abstract.)

Lohrmann, Rev. Enno K. "Study of a Group in a Psychiatric Setting." June, 1960. (Unpublished report.)

Chaplain Lohrmann evaluated group meetings conducted in the Alcoholic Rehabilitation Unit, Spring Grove State Hospital. (See Appendix XXI for fuller abstract.)

Klutz, Sara. "Meeting Resistance in Casework." June, 1960. (Unpublished professional study submitted in fulfillment of the requirements for the degree of Master Social Work, School for Social Work, University of North Carolina, Chapel Hill. Available in Spring Grove Library.)

Assigned to the Spring Grove Alcoholic Rehabilitation Unit for field instruction as a pre-parole social worker, Miss Klutz described her effort to assist alcoholic patients in leaving the hospital. She describes her own resistance in trying new casework methods as well as the resistance of a 59 year old alcoholic man who after failing to complete law school and after two unsuccessful marriages would not consider his own contribution to his failures as a first step to change. Miss Klutz describes the steps many patients take in the act of leaving a mental hospital and also discusses requirements of the social worker in understanding the positive and negative facets of resistance.

Health and Welfare Council of the Baltimore Area, Inc., Committee on the Hospitalization of the Mentally Ill, Wayne E. Jacobson, M.D., Chairman. "Access to the Mental Hospital." July, 1960. (Mimeographed.)

This report is the result of many studies on the psychiatric patient which were first initiated by Baltimore Police Commissioner James M. Hepbron in September, 1955, out of his concern that police officers were spending a large per cent of their time transporting ill individuals from police stations to general hospitals and from general hospitals to state mental hospitals. (See Appendix XXII for fuller abstract.)

1961 Maryland Commission on Alcoholism, Lewis P. Gundry, M.D., Chairman. "Report on Alcoholism in the State of Maryland." February, 1961. (Mimeographed.)

Governor J. Millard Tawes appointed a Commission "to study and investigate the problem of alcoholism" within the State and "to submit a report to the Governor and to the General Assembly setting forth the results of its studies and its recommendations, if any, for legislation."

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track every detail, from small expenses to major investments.

2. The second section focuses on the role of technology in modern record-keeping. It highlights how digital tools can significantly reduce the risk of human error and improve the efficiency of data management. The author argues that investing in reliable software and hardware is not just a cost but a strategic move to ensure long-term data integrity.

3. The third part of the document addresses the challenges of data security. It notes that as the volume of data increases, the potential for breaches also grows. Therefore, organizations must adopt stringent security protocols, including regular updates, encryption, and access controls, to protect their information from unauthorized access.

4. The fourth section discusses the importance of training and education for staff involved in record-keeping. It states that even the most advanced systems are only as good as the people using them. Regular training sessions and clear guidelines are necessary to ensure that all team members understand their responsibilities and the correct procedures to follow.

5. The fifth part of the document touches upon the legal and regulatory aspects of record-keeping. It mentions that various industries are subject to specific laws and regulations regarding data retention and privacy. Organizations must stay informed about these requirements to avoid legal penalties and ensure compliance with all applicable standards.

6. The sixth section provides a summary of the key points discussed throughout the document. It reiterates that effective record-keeping is a multifaceted task requiring attention to detail, the use of technology, strong security measures, proper training, and adherence to legal standards. The author concludes by encouraging organizations to view record-keeping as a continuous process of improvement rather than a one-time task.



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An interim report with recommendations was sent to the Governor on February 13, 1961. (See Appendix XXIII for fuller abstract.)

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1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the study and the objectives of the research. It also provides a brief overview of the methodology used in the study.

2. The second part of the report is a detailed description of the methodology used in the study. It discusses the data collection methods, the sample size, and the statistical analysis techniques used.

3. The third part of the report is a discussion of the results of the study. It discusses the findings of the study and their implications for the field of research.

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## APPENDIX I

Seliger, Robert V., in collaboration with Victoria Cranford. A Guide on Alcoholism for Social Workers. March, 1945.

Under the direction of Dr. John C. Whitehorn, Professor of Psychiatry and Director of the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital, and the immediate supervision of Dr. Esther L. Richards, Associate Professor in Psychiatry, Dr. Robert V. Seliger, Instructor in Psychiatry and Medical Director of Haarlem Lodge (a farm for alcoholic patients in Howard County) and Executive Director of The National Committee on Alcohol Hygiene, Inc., has published a collection of papers on the subject of alcoholism based on his experience in Maryland. Miss Victoria Cranford, Psychotherapist and Rorschach Analyst at Haarlem Lodge, collaborated with Dr. Seliger in much of his work and writing.

Dr. Seliger developed a liquor test consisting of 35 questions to determine early signs of chronic alcoholism. It was Dr. Seliger's opinion that once an individual becomes a pathological drinker, he can never again become a controlled drinker. From that point on, his choice is limited to two alternatives: (1) total abstinence; or (2) chronic alcoholism, with all the personal, social, and economic penalties that it implies.

From Dr. Seliger's experience, a successful rehabilitation of patients with alcohol problems was accomplished by seven factors:

1. Careful selection of patients (voluntary patients with average or better intelligence, etc.)
2. Personality of the psychiatrist (preferably a total abstainer)
3. Psychiatric analysis and therapy
4. Interpersonal relationship of patient and therapist
5. Suggestive influences
6. Re-education
7. Continuous follow-up by means of frequent visits, correspondence, telephone calls, etc.

These points are discussed more fully throughout the book.

Dr. Seliger advocated a diagnostic clinic for alcoholics. Using the Henry Phipps Clinic as an illustration, he described the types of alcoholics and services needed for each type. The clinic staff at Phipps selects patients who can profit by therapy and those who need the services of a psychiatric hospital or a specialized farm for alcoholics.

The psychiatrist expects the social worker to:

1. Aid in the prevention of alcoholism.



## APPENDIX I (continued)

2. Aid in educating the people to the fact that alcoholism is a symptom of an illness and is not a dissipation.
3. To know where alcoholics and their families can get help through the establishment of information centers.
4. To follow through in the treatment of the group hurt and harmed by the individual alcoholic.

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1. The first part of the paper discusses the importance of the study of the history of the United States. It is argued that the study of the history of the United States is essential for a full understanding of the country and its people. The paper then discusses the various methods used by historians to study the past, including the use of primary and secondary sources, and the importance of critical thinking in the study of history.

## APPENDIX II

Seliger, Robert V. Alcoholics Are Sick People. April, 1945.

The author points out that when we recognize the fact that alcoholics are sick people, we will have taken the first great step towards eradication of alcoholism. According to the author, alcoholism is a symptom of an illness and not a disease by itself. "It is a symptom of deep or deeper underlying personality-emotional reactions of varying degrees and types." Dr. Seliger describes the "Liquor Test". He then cites reasons that have been given by pathological drinkers for their excessive use of alcohol and points out that drinking in moderation is an absolute impossibility for an alcoholic. Dr. Seliger then lists some common-sense re-educational guides for the abnormal drinker.

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## APPENDIX III

Governor's Commission for The Study of Chronic Alcoholism, W. Carl Lohmeyer, Chairman, "Report of the Commission for the Study of Chronic Alcoholism." June, 1946.

Governor O'Connor appointed the following persons to the Commission: W. Carl Lohmeyer, Chairman, Robert Lewis, Vice Chairman, Caroline Diggs, Executive Secretary, Hon. Eugene O'Dunne, Robert J. Van Horn, and Edward Brodnax.

Mr. Lohmeyer and Miss Diggs were unable to recall events leading up to the creation of the Commission. A total of \$1,500 was appropriated for travel expenses. Three members of the Commission visited the Yale Plan Clinic.

The purpose of the Commission was to find out the extent of the problem of alcoholism in the State of Maryland and to make recommendations for coping with the problem.

Data were collected through bi-weekly hearings as follows:

Dr. Walter Baetjer, Baltimore physician, recommended the control of the sale of liquor, provision of 60 general hospital beds, re-education and follow-up by A.A.

Dr. George H. Preston, State Commissioner of Mental Hygiene, recommended a State-wide program for treatment of alcoholic patients by setting aside a few beds in every general hospital, follow-up by A.A., church groups, and psychiatric groups.

Mr. Milton Patterson, Director, State Aids and Charities, advised that alcohol played a major part in the expenditures of his Department.

Dr. Ralph Truitt, Director of Mental Hygiene Society Clinic, recommended the establishment of small clinics throughout the State.

Dr. Ralph Cameron, Assistant Director, Baltimore City Hospital, recommended the creation of an Alcoholic Rehabilitation Clinic similar to the one operating in Washington, D. C.

Judge Thomas J. S. Waxter, Director, Baltimore City, Department of Welfare, recommended the establishment of an Alcoholic Rehabilitation Clinic, facilities in one of the existing State Hospitals (or a small separate institution), special provision for alcoholics to be made in the new jail, establishment of a clinic in Department of Welfare under supervision of Dr. John C. Whitehorn, of Johns Hopkins Hospital, and Dr. W. Ralph Cameron, City Hospital. The clinic should work closely with the 8 magistrates' courts, and there should also be a small house to shelter dry alcoholics.

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## APPENDIX III (continued)

Reverend Frederick W. Smith, Superintendent of Maryland Anti-Saloon League, recommended that a clinic should be established in conjunction with hospital facilities and the State should take responsibility for the prevention of alcoholism.

Dr. Charles Wells, Vice-President, City Council, recommended the establishment of a 50-acre farm for rehabilitation.

Dr. Merrill L. Stout, Hospital for Women of Maryland; Mr. Harvey J. Weiss, Administrator, Sinai Hospital; and Mr. Richard R. Griffith, West Baltimore General Hospital; agreed on need for hospital facility. They did not feel that the allotment of a few beds in every general hospital would be solution because of the long waiting list. They suggested that a floor of 20 to 30 beds be set aside in the new Psychopathic Hospital to be built at University Hospital or that such a unit be established at City Hospital. In addition to hospitalization, they recommended that adequate Social Service guidance should be provided.

Dr. Jesse C. Coggins, Director, Laurel Nursing Home, recommended that an institution with 50 to 100 beds be established.

Mrs. Marty Mann, Journalist, advocated a clinic like the Yale Plan Clinic.

A.A. members recommended a clinic like the Yale Plan Clinic, and the need for therapeutic occupational training. The A.A. members offered their services to any clinic or hospital that might be created.

Three members of the Commission, accompanied by Dr. Manfred Guttmacher, visited the Yale Plan Clinic for Alcoholism.

A survey was made of all magistrates in the City and State for the month of September, 1946. Forty-seven magistrates sent reports. For this period there were 683 suspected or known chronic alcoholics; of this number 185 were sentenced to jail to spend from 2 days to 6 months at State expense.

Commission members recommended the following:

- 1) That the State of Maryland had no facilities for the care and treatment of alcoholics and, therefore, clinics should be started as soon as possible.
- 2) That a Bill be submitted to the 1947 State Legislature.

Judge Burns introduced Senate Bill No. 15, an Act to add 9 new sections to Article 41 of the Annotated Code.

The Act, entitled "Commission on Alcoholism", to include Sections

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## APPENDIX III (continued)

178 to 186, provided that a Commission on Alcoholism be created to consist of 9 members as follows: a physician licensed to practice in the State of Maryland, a trained and competent psychiatrist, a graduate of the Yale Summer School of Alcohol Studies, one member of the organization "Alcoholics Anonymous", a judge of the Supreme Bench of Baltimore City or one of the circuit courts of the county, a representative of the State Department of Public Welfare or of the Department of Public Welfare of Baltimore City, and three persons prominent in business or professional life of the State. Appointed by the Governor, three Commission members would have a term of three years, three for two years, and three for one year. Thereafter the Governor would appoint three persons each year. Members would serve without compensation.

Other features of the original Bill included: establishment of two clinics in Baltimore City, one on the Eastern Shore and one in Western Maryland, employment of a Director of Clinics and staff members, evaluation of the results of treatment given to alcoholics, authority to accept gifts of funds, and a budget of \$100,000 annually.

This Bill was passed by the Senate, but died in the House of Delegates.

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## APPENDIX IV

Seliger, Robert V. and Cranford, Victoria. "Psychiatric Orientation of the Alcoholic Criminal," from book by Seliger, Robert V., Lucas, Edwin J., and Lindner, Robert M. Contemporary Criminal Hygiene. May, 1946.

The authors raised the question, "Does alcohol inhibit or release the specific drives and damaging activities against society that result in criminatic behavior?" They explained that alcohol acts as a depressant on the nervous system resulting in relaxation of judgment and control so that underlying forces -- the personality dynamics -- find a more direct mode of expression.

The authors pointed out that whether the prisoner is an alcoholic or not he must be guided to accept the fact that fundamentally it is his personality and mal-integration and attitude that need correction; so long as he inwardly feels persecuted and belligerent, so long will his conduct continue to bring him into open conflict with the laws of society.

Dr. Seliger then defined alcoholism, classified alcoholics into six groups, and described therapy and re-education of the alcoholic patient. He commented that narcotization of anxiety is a major factor in the misuse of alcohol. He also cited factors contributing to the increase of alcoholism in this country.

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## APPENDIX V

Price, Charles P. "The Jail's Responsibility toward the Alcoholic,"  
Proceedings of Annual Meeting of American Prison Association.  
October, 1946.

Warden Charles P. Price pointed out that since our outstanding medical authorities have generally agreed that chronic alcoholics are definitely sick persons -- that alcoholism is an ill to be treated, not a crime to be punished -- it is very evident that the treatment of the alcoholic is not the proper function of the jail.

It was further stated that progressive communities are now studying the scientific approach for the treatment of the alcoholic. The Yale Plan Clinic, for instance, is especially designed to assist alcoholics who will cooperate by referral and treatment on a voluntary basis.

Warden Price advocated a specialized institution to care for the group of repeaters in jail whom physicians describe as mentally deteriorated individuals requiring long custodial care and vocational training. In such a non-penal institution, there would be no stigma of a jail sentence; thereby it would encourage relatives, friends, social agencies, and the courts to seek treatment for those refusing same on a voluntary basis. Legislative bodies would be more apt to pass the necessary statutes providing for the indeterminate detention which is deemed necessary for the treatment of this group.

"The jail is being used inappropriately to house many sick individuals including cripples, insane, tubercular, epileptic, senile, and feeble-minded persons who are indigent and homeless. For all practical purposes, the jail is about 40% jail and 60% chronic hospital.

"The proper function of the jail is the detention of criminals and persons who are a menace to society if at large.

"The alcoholic problem is society's problem and not the jail's problem. When the jail is relieved of a portion of the burdens that do not rightfully belong to it, it will be freer to improve and elevate its standards."

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## APPENDIX VI

Sub-Committee of Legislative Council to Study State Aid to Chronic Alcoholics, W. Carl Lohmeyer, Chairman, "Report of Committee of Legislative Council to Study State Aid to Chronic Alcoholics." January, 1948.

At the direction of Governor Lane, Senator Joseph R. Byrnes, Chairman of the Legislative Council appointed the Sub-Committee under the chairmanship of W. Carl Lohmeyer. Mr. Lohmeyer does not know why this second Commission was revised. Committee members included:

W. Carl Lohmeyer, Chairman  
Rev. Richard H. Baker  
H. E. Brodnax  
Hon. Noel Speir Cook  
Sen. Roy Tasco Davis  
Seth W. Heartfield  
Robert J. Van Horn

No funds were appropriated for the Committee.

The purpose of the Committee was to re-evaluate the current progress that had been made in dealing with the alcohol problem in Maryland.

A series of hearings was again held at two-week intervals. Information obtained was almost a duplication of the data obtained by the first Commission.

Committee members agree that, before building hospitals or other facilities, a permanent Commission on Alcoholism should be created to gather statistical information relating to the State of Maryland.

The identical recommendations and Bill were presented to the 1948 Legislature.

The Bill, again known as Senate Bill No. 15, was reintroduced and amended in the Senate as follows:

"It shall be the duty of said Commission

- (a) To make studies and research in the field of the care and treatment of alcoholics;
- (b) To aid in the education of groups and the people in the State as to the nature and cause of alcoholism;
- (c) To make studies and research in the proper method of aiding and assisting alcoholics who voluntarily seek assistance and alcoholics referred to it by the courts, the magistrates, and other public agencies.

# THEORY

The first part of the theory is the definition of the system. The system is defined as a set of elements that are interconnected in a specific way. The elements are represented by nodes, and the connections are represented by edges. The system is then analyzed in terms of its properties and behavior.

The second part of the theory is the analysis of the system. This involves determining the system's response to various inputs and outputs. The analysis is performed using a variety of techniques, including mathematical modeling and simulation.

The third part of the theory is the synthesis of the system. This involves designing a system that meets a set of specified requirements. The synthesis is performed using a variety of techniques, including mathematical modeling and simulation.

The fourth part of the theory is the verification of the system. This involves checking the system's behavior against the specified requirements. The verification is performed using a variety of techniques, including mathematical modeling and simulation.

The fifth part of the theory is the validation of the system. This involves comparing the system's behavior to the behavior of a real-world system. The validation is performed using a variety of techniques, including mathematical modeling and simulation.

The sixth part of the theory is the optimization of the system. This involves finding the best possible design for the system. The optimization is performed using a variety of techniques, including mathematical modeling and simulation.

The seventh part of the theory is the implementation of the system. This involves building a physical system that implements the design. The implementation is performed using a variety of techniques, including mathematical modeling and simulation.

The eighth part of the theory is the testing of the system. This involves checking the system's behavior against the specified requirements. The testing is performed using a variety of techniques, including mathematical modeling and simulation.

The ninth part of the theory is the deployment of the system. This involves putting the system into operation. The deployment is performed using a variety of techniques, including mathematical modeling and simulation.

The tenth part of the theory is the maintenance of the system. This involves keeping the system in good working order. The maintenance is performed using a variety of techniques, including mathematical modeling and simulation.

The eleventh part of the theory is the upgrade of the system. This involves improving the system's performance. The upgrade is performed using a variety of techniques, including mathematical modeling and simulation.

The twelfth part of the theory is the replacement of the system. This involves replacing the system with a new one. The replacement is performed using a variety of techniques, including mathematical modeling and simulation.

The thirteenth part of the theory is the disposal of the system. This involves getting rid of the system. The disposal is performed using a variety of techniques, including mathematical modeling and simulation.

The fourteenth part of the theory is the recycling of the system. This involves reusing the system's components. The recycling is performed using a variety of techniques, including mathematical modeling and simulation.

The fifteenth part of the theory is the end of the system. This is the final part of the theory.

## APPENDIX VI (continued)

- (d) To observe the operation of the clinics and the results of the treatments given to the alcoholics, and to make periodic reports to the Governor and the General Assembly covering the operation of said clinics together with the recommendations for any additional legislation which might be needed."

Another amendment was as follows:

"Every person receiving treatment under the provisions of this subtitle who is financially able to contribute to the cost of such treatment, or who has relatives legally chargeable with his or her maintenance and support, who are financially able to do so, shall make payments for same as may be determined by the Commission. It shall be the duty of the Commission to prescribe rules and regulations as to payments to be made by those who receive treatment under the provisions of this sub-title and who are financially able to do so."

With amendments made by both the Senate and House of Delegates, the Bill was passed in the Senate with one dissenting vote and was unanimously passed in the House of Delegates.

Governor Lane vetoed Senate Bill 15 with the following statement:

"The Bill provides for the creation of a Commission on Alcoholism and directs the Governor to annually include in the State budget the sum of \$100,000 for the use of the Commission. The expenditure of all money so appropriated shall be as provided in the budget, except that all funds not specifically designated shall be expended at the discretion of the Commission for the payment of any and all salaries and expenses legally incurred by the Commission in the administration of the provisions of the Bill.

"The Commission is given wide authority to employ personnel and contract for facilities for clinics exercising their own discretion as to salaries and expenses.

"No lump sum appropriation has been included in the budget for the coming fiscal year for the reason that there would be no control of the expenditures under the provisions of this Bill.

"As desirable as the objectives of the Bill may be, there is no sufficient reason why the expenditure of State funds under its provisions should not conform to established rules and requirements.

"For this reason, the Bill has been vetoed." (June, 1949)

Mr. Lohmeyer noted that during the fiscal year 1947 to 1948, the State of Maryland received over \$5,000,000 as receipts from the Alcohol Beverage Taxes. The Alcohol Beverage Association offered to fi-

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track every detail, from small expenses to major investments.

2. The second section focuses on the role of technology in modern record-keeping. It highlights how digital tools can significantly reduce the risk of human error and improve the efficiency of data management. The author argues that adopting cloud-based solutions allows for real-time access to information, which is crucial for decision-making and compliance.

3. The third part of the document addresses the challenges of data security. It notes that as the volume of data increases, the risk of breaches also grows. Therefore, organizations must invest in strong cybersecurity measures, including encryption and regular security audits, to protect their sensitive information from unauthorized access.

4. The fourth section discusses the importance of training and education for staff involved in record-keeping. It states that even the most advanced systems are only as good as the people using them. Regular training sessions and workshops can help ensure that all employees are up-to-date on the latest practices and protocols.

5. The fifth part of the document touches upon the legal and regulatory requirements that govern record-keeping. It mentions that different industries have specific rules regarding how long records must be kept and how they should be stored. Organizations must stay informed about these regulations to avoid potential legal consequences.

6. The sixth section explores the benefits of maintaining comprehensive records for long-term planning and analysis. It explains that historical data can provide valuable insights into trends and patterns, helping organizations make more informed strategic decisions. The text also mentions that good records can be useful in resolving disputes and providing evidence in legal proceedings.

7. The seventh part of the document discusses the importance of backup and disaster recovery plans. It warns that data loss can be catastrophic for any organization. Therefore, it is essential to have a reliable backup system in place and to test the recovery process regularly to ensure that data can be restored in the event of a disaster.

8. The eighth section of the document talks about the importance of communication and collaboration between different departments. It suggests that record-keeping is not just an IT or finance issue but a cross-functional one. Regular communication and collaboration can help ensure that all departments are working together effectively to maintain accurate and complete records.

9. The ninth part of the document discusses the importance of staying up-to-date with industry best practices and standards. It mentions that the field of record-keeping is constantly evolving, and organizations must keep pace with the latest developments to remain competitive and compliant.

10. The final section of the document provides a summary of the key points discussed and offers some concluding thoughts. It reiterates that maintaining accurate records is a fundamental responsibility for any organization and that it requires a combination of technology, training, and careful planning to do so effectively.

## APPENDIX VI (continued)

nance \$100,000 as a pilot study for the program; this offer was not accepted.

Senate Bill 15 was again submitted to the 1950 Legislature and it was again vetoed by Governor Lane.

Senate Bill 15 was again submitted to the 1951 Legislature and this time it died in Committee.

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## APPENDIX VII

Maryland State Health Department, Bureau of Preventive Medicine, Division of Mental Health, Section on Alcohol Studies. July, 1952 - July, 1957.

Creation of Section

The 1952 General Assembly under Item 39 of Miscellaneous Appropriations No. 2 made available \$25,000 to the Department of Health for "study and research, education, and assistance in treatment of the alcoholic."

Gov. McKeldin, by executive directive, established the Section on Alcohol Studies under the Division of Mental Health, within Bureau of Preventive Medicine in the State Health Department. He explained that a sum of \$5,000 had originally been earmarked for the treatment of alcoholic patients within the Department of Mental Hygiene. This amount was later raised to \$10,000. Since this sum had not been expended by the Department of Mental Hygiene, Gov. McKeldin felt it should be transferred to the Department of Health. In his opinion more attention should be given to the medical aspects of the problem and to the development of outpatient facilities.

Mr. Joe B. Dellinger was appointed on Oct. 2, 1952 as Chief, Section on Alcohol Studies, and reported on the early work of the Section under "Reports on Government-Sponsored Programs" under the title, "The Maryland State Department of Health, Section on Alcohol Studies" in the Quarterly Journal of Studies on Alcohol, Vol. 16: 402-404, June, 1955.

A Citizens Advisory Committee was appointed consisting of 18 people, lay and professional, representing all parts of the State, to assist the Section in carrying out its goals.

An allocation of \$25,000 was made for the first year; this amount was raised approximately \$10,000 each year for the following three years.

The purpose of the Section was to provide a program for treatment, research, education, and prevention of alcoholism.

The Section on Alcohol Studies was placed administratively under the Division of Mental Health in the Bureau of Preventive Medicine within the State Health Department for the following reasons:

- 1) Because of the unknown etiology of the disease of alcoholism and uncertain effective treatment, the study and preventive aspects of the program were to be stressed.
- 2) It appeared to be logical to establish the Section on Alco-

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## APPENDIX VII (continued)

Discontinuation of Section

The Section on Alcohol Studies was discontinued on June 30, 1957. As a result of a variety of factors, the Division of Mental Health was reorganized changing from the beginning emphasis of separate treatment programs in the fields of: mental health, alcoholism, drug addiction, mental retardation and aging to a more economical use of staff and services through the establishment of three new sections: research and special studies, clinical services, and professional education.

Biennial reports of the Division of Mental Health have stressed the following recommendations:

- 1) A need for more facts about the incidence and prevalence of various forms of mental illness including alcoholism.
- 2) A need for further experimentation and evaluation of experimental work in educational techniques and treatment methods.
- 3) A need for sufficient qualified staff and sufficient clinical services.
- 4) A need for developing state-wide statistical reporting.
- 5) A need to further develop residency training programs as well as training programs for other professional disciplines.
- 6) A need to implement a coordinated mental health program.

Final Outcome

As a final outcome, all 23 counties now have mental health clinics which accept the alcoholic patient and his family, and one general hospital accepts patients for medical treatment.

In Baltimore City, alcoholic patients are seen at University Hospital, Johns Hopkins, Mercy Hospital, the V.A. Outpatient Department, and the Supreme Bench, Medical Division. Plans for an alcoholic rehabilitation program are being made in the City Health Department.

The 112 individuals who attended the Yale Summer School on Alcohol Studies have stimulated considerable interest in the problem of the alcoholic individual and his family among many professions and many different types of community groups. Representatives of professional groups who have had experience in working with the alcoholic are enthusiastic about the outcome of services given. Graduates of the Yale Summer School on Alcohol Studies have recently organized a Speakers Bureau to provide speakers for any professional or lay group.

The Department of Education has been stimulated to improve and



## APPENDIX VII (continued)

augment the current educational requirement for high school students.

Careful consideration of state-wide plans for meeting the problem of alcoholism has been supported by professional bodies rather than supporting fly-by-night, ill thought out activities. The universal need appears to be for more interagency coordination.

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## THEORY OF THE EARTH

The theory of the earth is a branch of geology which deals with the origin and development of the earth and its various parts. It is a science which seeks to explain the processes which have shaped the earth and its features. The theory of the earth is based on the study of the earth's structure and the forces which have acted upon it. It is a science which is constantly developing as new discoveries are made and new theories are proposed.



## APPENDIX VIII

McDivitt, Boyd C. "Medical and Welfare Facilities Available to Police and Magistrates for Persons who need not be Committed to the Baltimore City Jail for Misdemeanors." April, 1953.

Believing the Baltimore City jail can not meet the medical needs of ill or elderly persons who have been detained for a minor offense, the Prisons' Aid Association of Maryland offered its services to cope with this problem. A further study of the situation revealed the fact that many individuals were being held in jail because it was thought that other medical facilities were not readily available. With the support of Governor McKeldin, the Maryland Medical and Chirurgical Faculty and the Baltimore City Medical Society were invited to participate in examining the available medical facilities and to propose procedures for their use. A joint committee was appointed. The Baltimore Hospital Conference, the Maryland Department of Mental Hygiene, and the Baltimore City Department of Public Welfare were all consulted regarding the available services.

A statement was prepared for the police and magistrates outlining various services available for: the acutely ill or injured, the chronically ill, the mentally ill, and the indigent and homeless persons.

The names of physicians with telephone numbers were listed and where they could be reached during the day or at night; the type of services available from the Department of Welfare were listed; services available to the non-resident able-bodied man were summarized, and the names and addresses of all hospital accident rooms providing services for examination of persons under arrest for trial were listed.

The Prisoners' Aid Association of Maryland offered its services to assist persons in the custody of police and magistrates whenever any difficulty was encountered in using the services listed.

We do not know the outcome of this endeavor.

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the 1990s, the number of people in the world who are under 15 years of age is expected to increase by 1.5 billion, from 1.1 billion in 1990 to 2.6 billion in 2010. The number of people aged 65 and over is expected to increase by 1.1 billion, from 350 million in 1990 to 1.4 billion in 2010. The number of people aged 15-64 is expected to increase by 1.5 billion, from 2.5 billion in 1990 to 4.0 billion in 2010. The number of people aged 65 and over is expected to increase by 1.1 billion, from 350 million in 1990 to 1.4 billion in 2010. The number of people aged 15-64 is expected to increase by 1.5 billion, from 2.5 billion in 1990 to 4.0 billion in 2010.

## APPENDIX IX

Boyd, C. Holmes, M.D., Moderator. "The Control of Chronic Alcoholism," Maryland State Medical Journal. January, 1958.

Participants in the Symposium included: Dr. C. Holmes Boyd, Internist and Moderator; Dr. Irving J. Taylor, Psychiatrist, Director of Taylor Manor, Donald H. Frye, Attorney and Director of Legal Aid Bureau, Inc., and Honorable J. DeWeese Carter, Associate Judge, Second Judicial Circuit.

The Purpose of the Symposium was to discuss a subject of common interest to the medical and legal professions.

Dr. C. Holmes Boyd, defined chronic alcoholism as the "use of any alcoholic beverage in such a manner as to injure one's economic status, family relationships, or social contacts." Dr. Boyd pointed out how difficult it is for the internist to assist the alcoholic patient when he is often sent to the internist against his will by worried friends or family members. He believes that the patient must have an intense desire to deal with the alcoholism before any progress can be made. For patients who need hospitalization, the internist has great difficulty as general hospitals, on the whole, refuse to accept them. Medical men who may admit a psychotic patient to an institution do not have the legal right to commit a person on the basis of alcoholism alone.

Dr. Irving J. Taylor pointed out that alcoholism is a "symptom of a deep-seated emotional conflict". It is first necessary to make a diagnosis of the psychiatric illness. Dr. Taylor would then advocate short-term psychotherapy (about 3 months). If more intensive treatment is indicated, such as psychoanalysis, a year or more is required. The alcoholic patient must first have general medical treatment, depending on the physical symptoms. Dr. Taylor did not favor the conditioned-reflex treatment. One goal of psychotherapy is to reduce the guilt and remorse of the alcoholic and to re-establish his self-respect. Dr. Taylor also spoke favorably of Alcoholics Anonymous, social and religious therapies, and the need for increased awareness of the problem on the part of the public.

Mr. Donald H. Frye, who has had considerable experience with the alcoholic individual in his work at the Legal Aid Bureau, made the following suggestions to the practicing attorney. Mr. Frye suggested that the attorney inform himself about the subject of alcoholism. The first step in assisting an alcoholic is to refer him to a physician for a complete medical examination. If, on the advice of the physician, the patient needs hospitalization and wants hospitalization and is unable to pay for private hospital care, he may want to commit himself to a State Hospital under Article 16, Section 53 of the Maryland Code. He described the various laws relating to different types of commitments to the State Hospitals and ended his presentation with a



## APPENDIX IX (continued)

brief review of current efforts being taken in the State on this subject and plans for the future. Mr. Frye described the work of Alcoholics Anonymous and the Maryland Society on Alcoholism, and the establishment of the Section on Alcohol Studies within the Division of Mental Health in the Bureau of Preventive Service within the State Health Department.

Mr. Frye pointed out that in quite a few states the alcoholic program is set up as an independent agency of the Government, usually under a Commission. He raised the question: should such a plan be established in Maryland or should we just expand what we have? He felt that the Governor should appoint a Committee composed of members from the medical and legal profession and others who have knowledge pertaining to this problem for the specific purpose of making recommendations to the Governor and the Legislative Council; and then, as a result, presenting a workable, adequate Bill on Alcoholism to the General Assembly. The reason for his proposal was there is so much that has been done and tried in other states that not to take advantage of this knowledge would be a great mistake. There are many things to consider in drawing up an adequate law on this subject, for example, how should a program be paid for? Should it be paid for through special taxes or through the general fund? Should the people who use these services pay if they're able? Should the Commission accept contributions from private industry? Should the Commission have power to accept court commitments?

An Act entitled "Commission on Alcoholism" has been introduced 4 times in the General Assembly; it has died twice in Committee in 1947 and 1951; it has twice passed through the General Assembly and then vetoed by Governor Lane in 1949 and 1950. Mr. Frye felt that the Committee should decide whether this Bill is the best possible answer to the problem or control of chronic alcoholism. It is very possible that an organized expansion of our present State program is the answer, perhaps the answer is the Commission plan as set forth in the Bill or it might be a combination of the plan provided in the Bill and what we have at present is the answer. Who could better decide what plan is best, than such a Committee? He also felt that some study should be made of the possibilities of educating the coming generation on alcoholism and how this could best be effected through the schools and other agencies.

Judge Carter discussed the current laws which are of benefit in the control of chronic alcoholism. He classified the laws as follows:

- 1) Those designed to punish and deter the chronic alcoholic.
- 2) Those designed to make intoxicating liquors unavailable to chronic alcoholics.
- 3) Those designed to afford treatment to the victim.



## APPENDIX IX (continued)

Judge Carter pointed out that with respect to the first classification, there is a Statute which was enacted in 1892, making the Act of being an habitual drunkard a misdemeanor, punishable by a fine up to \$100 or imprisonment up to 6 months, or both, which is now codified as Section 145 of Article 27 of the Annotated Code of Maryland. This law makes it a criminal offense to be drunk upon a public street, highway, at any public worship, public resort, or public amusement and provides that any person convicted of this offense five times in any one year shall be considered an habitual offender under the law. Because alcoholism is now considered a disease, to make such involuntary conduct a crime and punishable as such, is contrary to the American concept of justice and fair-play. Judge Carter does not believe that criminal punishment or the threat of it acts as an effective deterrent to the accepted use of alcohol by a chronic alcoholic.

With regard to the second classification, there are two Statutes now in force in Maryland: Section 47 of Article 59 enacted in 1916 and Section 115 of Article 2B, enacted in 1941. Section 47 of Article 59 prohibits the sale or gift of intoxicating liquors to or procurement for any inmate, patient, attendant or employee of any State Hospital for the Insane, or any private insane institution without the consent of the Superintendent and make such Acts a misdemeanor, punishable by a fine up to \$100 or imprisonment, up to 60 days, or both.

Section 115 of Article 2B prohibits any licensee of alcoholic beverages or his employees from knowingly selling, furnishing, or giving away any intoxicating beverage to an habitual drunkard, or to a mentally deficient person or to any person whose parent, spouse, guardian or child, brother or sister shall have given notice in writing to the licensee of intemperate habits or of unsound mind or impaired physical condition of such person. The law provides a fine up to \$50 for the first offense and up to \$100 or 30 days, or both, for all subsequent offenses. In Allegany County the penalty is a fine up to \$1,000 or imprisonment up to 2 years, or both; the law is now applicable in five counties only (Allegany, Carroll, Charles, Howard and Washington). Judge Carter felt this law is a necessary step in the direction of control and should be made applicable on a state-wide basis and a more severe penalty contained in Allegany County law made applicable generally.

Judge Carter then described the third class of laws which are designed to accomplish control of chronic alcoholism by treatment and rehabilitation of the addict. These Statutes consist of Sections 52 to 59, inclusive, of Article 16 and Section 1 of Article 59 of the Code. It is interesting to note that a Statute enacted in 1914 limits the amount to be expended by Baltimore City to \$3,000 in any one year for treatment of an habitual drunkard.

Judge Carter questioned the advisability of establishing a rehabilitation program in a Mental Hospital for the alcoholic patient

# THE HISTORY OF THE

The first part of the history of the world is the history of the human race. It is a history of the progress of the human mind, of the growth of the human soul, of the development of the human character. It is a history of the human race, of the human mind, of the human soul, of the human character. It is a history of the human race, of the human mind, of the human soul, of the human character.

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## APPENDIX IX (continued)

as alcoholism is considered a medical illness. The added stigma of the mental illness makes it more difficult for the patient to accept his illness. Judge Carter felt that the medical profession should give attention to education of the public generally about the true nature of chronic alcoholism. He praised the work of Alcoholics Anonymous.

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1. The first part of the document is a list of names and addresses of the members of the committee.

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## APPENDIX X

Baltimore Council of Social Agencies, Advisory Committee for the Study of Homeless, Sick, and Alcoholic Persons in Baltimore City Jail, Robert S. Hoyt, Chairman. "A Study of Homeless, Sick, and Alcoholic Persons in the Baltimore City Jail." April, 1956.

The Baltimore Council of Social Agencies undertook the study, at the request of the Special Study Committee of the Baltimore City Council, on the Treatment of Alcoholics and Indigents and the Baltimore City Department of Public Welfare. Staff members of the Department of Public Welfare have long been concerned about the problem of alcoholism in relation to community problems resulting from financial need, broken families, and children in need of protective services. From the time of Mr. Joseph Hirsch's study of the alcoholics in jail in 1945, Warden Charles Price has been concerned about the large number of individuals confined in the city jail who are chronically ill. Police Commissioner Hepbron's request in September 1955 that the Baltimore Council of Social Agencies study the circumstances related to the need for police officers to transport individuals who are mentally ill from the jails, also contributed to this study to find out who inhabits the jail.

Members of the Advisory Committee were: Robert S. Hoyt, Chairman, Tom D. Burnett, Meyer M. Cardin, Joe B. Dellinger, Walter T. Dixon, Michael J. Hankin, Esther Lazarus, Albert L. Mendeloff, M.D., T. H. Pinkney, M.D., Isadore Tuerk, M.D., Dr. Alvin Thalheimer (ex officio), Gordon Manser (ex officio), William A. Martin (Secretary) and Dr. Edward B. Oldes (Study Director).

The Clinical Team for the Study included: Wayne E. Jacobson, M.D., Douglas Carroll, M.D., Mrs. Mildred Levy, social worker, Mrs. Howard A. Naquin, social worker, and Mrs. Bernice Loebel, social worker.

Consultants to the Study Staff were: Dr. Selden D. Bacon, James Bennett, Arnold Clemmer, North Daniels, M.D., Edward Davens, M.D., Manfred S. Guttmacher, M.D., Ebbe Hoff, M.D., Frank T. Jones, Dean E. Knueger, William W. Magruder, M.D., Peter G. Meek, David J. Myerson, M.D., Dean W. Roberts, M.D., Robert E. Thomas, M.D., Joseph A. Wood, M.D., Helen E. Woods, and Anthony Zappalla, M.D.

The study which cost \$36,000 was financed through a grant from the National Institute of Mental Health and additional funds from the Section on Alcohol Studies and Baltimore Council of Social Agencies.

The purpose of the study was to ascertain the number of indigent and homeless individuals sent to jail and the types of care they need. A multi-professional team, including Dr. Wayne E. Jacobson, Clinical Director, Sheppard and Enoch Pratt Hospital, Dr. Douglas Carroll, Internist of Baltimore City Hospital, Mrs. Mildred Levy, Social Worker,



## APPENDIX X (continued)

Mrs. Howard A. Naquin, Social Worker and Mrs. Bernice Loebel, Social Worker, reviewed a sample of 100 prisoners admitted to the City Jail from February 15th to March 16, 1956.

The Baltimore Police make about 24,000 arrests each year on charges related to drinking. These charges are: drunkenness, disorderly conduct, disturbing the peace, vagrancy, and begging. For these 24,000 arrests a year, the sentence is in nearly all cases a small fine. In about half the cases, the fine is paid and the case is dismissed; in the other half the fine cannot be paid - or cannot be paid all at once - so the person is sent to jail to "work off the fine". Rarely is a person sentenced directly to the jail on one of these charges. About 13,000 times each year someone is sent to jail to work off a fine related to alcoholism, but this number involves only about 3,400 different individuals.

On an average day, there are in jail about 430 of these persons. Nearly all have been residents of Baltimore for a year, most for much longer than one year.

At the time of this study, it was found that there were 431 such individuals in the jail; 328 of these were sent to jail for a term of 20 days or over. The sample for study was taken from this 328 population.

The findings of the study were as follows regarding the types of care that were needed by the inmates of the jail. The types of care needed were as follows:

<u>Type of Care Needed</u>	<u>Number of Persons</u>	<u>Per cent</u>
Mental Hospital	84	26%
Work Farm	71	22%
Chronic Disease Hospital or Nursing Home	17	5%
Jail	55	17%
Rehabilitation Center	44	13%
Outpatient Care	39	12%
No Judgment	<u>18</u>	<u>5%</u>
Total	<u>328</u>	<u>100%</u>

No immediate action was taken to implement the research. The results of this study have been referred to frequently, however, in the press and by subsequent committees studying this problem.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the transparency and accountability of the organization. This section also outlines the various methods used to collect and analyze data, ensuring that the information is reliable and up-to-date.

2. The second part of the document focuses on the implementation of the proposed changes. It details the steps involved in the transition process, from the initial planning phase to the final execution. This section also addresses the potential challenges that may arise during the implementation and provides strategies to overcome them.

3. The third part of the document discusses the impact of the changes on the organization's overall performance. It presents data and analysis showing the positive effects of the implementation, such as increased efficiency and cost savings. This section also highlights the areas where further improvements can be made and provides recommendations for future actions.

4. The fourth part of the document provides a summary of the key findings and conclusions. It reiterates the importance of the changes and the successful implementation of the proposed plan. This section also includes a final statement of commitment to the organization's mission and vision.

## APPENDIX XI

Padula, Helen, Chief Supervisor, Social Service Department, Spring Grove State Hospital. "A Study of Movement of Patients in Spring Grove State Hospital." August, 1956.

Members of the Social Service Department under the supervision of Mrs. Helen Padula, Chief Psychiatric Social Worker, Spring Grove State Hospital, participated in this study.

Social workers have long been aware of the social crippling which often results from long periods of hospitalization. A study of the movement of patients through the hospital provided important information on the long-term patient having difficulty in leaving the hospital.

No additional funds were available for this study.

Data were collected from the medical charts and placed on McBee Keysort cards. Patients were identified by diagnosis among other factors.

From January 1st, 1954 through March 31st, 1954 a total of 320 patients were admitted to the Spring Grove State Hospital. Of this number 83 had a primary or secondary diagnosis of alcoholism. Seventy-seven of these patients were admitted directly to the Hamilton Building; six were admitted to the Garrett Building.

The type of commitment was as follows:

<u>Type of Commitment</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Medical Certificates	42	7	49
Court Order	6	0	6
Inebriate Court Order	10	4	14
Voluntary	13	1	14
Transfer from prison	-	-	-
Total	<u>71</u>	<u>12</u>	<u>83</u>

It is interesting to note that 18% of the alcoholic patients returned by the end of the first year; and 30% of the group had returned by the end of the second year.

Comparable data were collected for two subsequent years; these data however, have not been compiled.





## APPENDIX XII

Baltimore Council of Social Agencies, Committee on Psychiatric Emergencies, Marshall A. Levin, Chairman. "The Management of Psychiatric Emergencies." February, 1957.

At the request of the Baltimore City Police Department, the Baltimore Council of Social Agencies appointed a Committee on the Management of Psychiatric Emergencies to study (1) the emergency detention of persons when it is thought that mental illness may be a factor in their behavior; and (2) problems related to the disposition and handling of such cases with special attention to the transportation to state hospitals and the role of the Police Department in all phases of the handling of such cases.

The Committee began its work in January, 1956 and made its final report in February, 1957. Committee members consisted of: Marshall A. Levin, Chairman; Dr. Howard M. Bubert, Mrs. Henrietta DeWitt, Dr. Jacob E. Finesinger, Mrs. Estelle Foster, Dr. Jerome D. Frank, Mr. Herbert G. Fritz, Dr. Harry Goldsmith, Dr. Manfred S. Guttmacher, Dr. Wayne Jacobson, Mr. James M. Hepbron, Miss Esther Lazarus, Dr. William M. Magruder, Dr. Clifton T. Perkins, Miss Anna M. Shawbaker, Dr. William S. Stone, Dr. Robert E. Thomas, Dr. E. H. Uhlenhuth, Mr. Harvey H. Weiss, Miss Helen E. Woods, Mr. Gordon Manser, Dr. Alvin Tahlheimer, and Mr. William A. Martin.

From the first meeting of the committee, the trend of the thinking was toward the need for a "clearing house" or inpatient diagnostic center or "distribution center" for individuals brought to the attention of the police because of unusual or bizarre behavior.

The committee began its deliberations by reviewing earlier discussions of the problem. As early as 1943, the Baltimore Evening Sun had reported that "A movement has been started to establish in Baltimore new hospital accommodations where persons suffering from acute mental disorders may be given immediate treatment." The Evening Sun also reported on January 31, 1944 that Judge Waxter had been asked to investigate the passage of a resolution by the City Council calling for the erection of a building where all violent mental cases could be taken until turned over to State care. The Advisory Board of the Welfare Department had opposed the construction of any such building because in their view the mentally ill were the responsibility of the State. From 1949 to 1951, discussions were held between representatives of the Police Department and the Baltimore City Medical Society concerning the physical illness and injuries of homeless, indigent, and alcoholic men. At that time, a procedure was worked out for the police to handle individuals who were picked up by the police for bizarre behavior. The police were advised to phone the Department of Welfare requesting an examination by their physicians at the police station. If the person were found to be mentally ill, he was certified for admission to one of the state mental hospitals. The physicians negotiated with the State



## APPENDIX XII (continued)

Department of Mental Health for hospital admission. Also at this time, Dr. Perkins, Commissioner of Mental Hygiene, established a simplified procedure for admitting emergency mental patients to state hospitals.

At the request of the Police Department, a conference was held on January 26, 1955, with representatives of Johns Hopkins Hospital, the Department of Mental Hygiene, the Baltimore Department of Public Welfare, and the Police Department to work out a plan whereby mentally ill individuals could be held elsewhere rather than in the jail for the one or two days, if necessary, before admission to the state mental hospital. A letter was written to the University of Maryland Hospital Psychiatric Institute to inquire about experimenting with such a plan. When there was no reply from the Psychiatric Institute after seven months, the Police Department requested the formation of the Committee on the Management of Psychiatric Emergencies to give the problem further study.

The problem for study was to provide an initial medical and psychiatric examination of individuals brought to the attention of the police with bizarre behavior and to assist these individuals to get to the proper care facility in the community.

During a series of weekly meetings, alternative solutions to the problem were proposed and discussed. Considerable attention was given to the suggested functions of a diagnostic center. Much discussion centered on the current laws relating to the mentally ill. Two documents were studied thoroughly (1) Statutes governing the Care and Supervision of Mental Patients in Maryland prepared by Donald H. Frye, May, 1952 and (2) Hospitalizing the Mentally Ill -- Emergency and Temporary Commitments written by Professor Hugh A. Ross of the Law School of Western Reserve University.

The following recommendations were made:

1. The financial investigation to ascertain the patient's ability to pay for medical care should be made following hospital admission.
2. Section 31 of Article 59 should be regarded as the basic commitment law rather than Sections 1, 3, and 4.
3. The Department of Mental Hygiene should issue a new handbook on "Current Procedure".
4. Police should take persons to a general hospital for examination.
5. The general hospital psychiatric service should examine patients and explore with families the alternatives to hospitalization or arrange for his admission to the state hospital.

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## APPENDIX XII (continued)

6. All general hospitals in Baltimore should develop a psychiatric service.

7. A new statute should be written for the Emergency Admission.

8. Emergency cases under a new statute should be managed along the same lines as under Section 31.

9. An amendment should be made to Section 32 authorizing staff physicians in state mental hospitals to sign emergency certificates.

10. An amendment should be made to Section 32 authorizing the Commissioner of Mental Hygiene to sign emergency certificates for patients transferred to other states and countries.

11. The Department of Mental Hygiene should have responsibility, authority, and funds to provide transportation services to mental hospitals for certified patients.

12. The role of volunteers and voluntary mental health associations should be explored as a possible source of assistance in transportation.

13. The new procedures should be implemented and evaluated by the Council of Social Agencies.

Funds and staff for studies and stenographic service were provided by the Council of Social Agencies. Information was supplied voluntarily by the participating agencies.

As recommended by the Committee, a New Committee on Hospitalization of the Mentally Ill, was appointed under Dr. Wayne E. Jacobson, Chairman, to implement the recommendations.

Some of the recommendations have been put into effect, and others have been dropped after further study.

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## APPENDIX XIII

Baltimore Council of Social Agencies. "Annalysis of Admissions to Mental Hospitals Managed in November 1957 by Police Department of Baltimore City." 1958.

The Committee on the Hospitalization of the Mentally Ill was appointed by Dr. Edward Davens, Head of Division of Medical & Health Agencies, Baltimore Council of Social Agencies. Under the Chairmanship of Dr. Wayne E. Jacobson, staff members of the Council were asked to make a detailed study of "police patients" managed during November, 1957 in Baltimore City, Baltimore County, and Anne Arundel County. (See Appendix XXII for additional information about the work of the Committee.)

When efforts began in the fall of 1957 to try shifting "police patients" from the lockup to the general hospital for examination and disposition, it was felt that no decision should be made until the facts had been studied more closely.

The term, "police patients," was defined as those persons whose entry into a State Mental Hospital is arranged and managed in whole or in part by the police (or sheriff).

Funds and personnel for the study and preparation of the report was supplied by the Baltimore Council of Social Agencies.

The method of inquiry was to obtain from the Central Records Bureau of the Police Department reports of all cases handled by the Police during the month of November, 1957. Each report was amplified by examination of records in the police district which channeled the case and at the mental hospital in which the patient was admitted. Some cases were discussed with the examining welfare department official, and in some cases the arresting officer was interviewed. Some hospitalizations were directly observed.

It was found that about 200 of Baltimore's mentally ill persons entered State Hospitals each month. About half of these hospitalizations are arranged by the police and magistrate in a police station under a variety of circumstances.

About 150 times a month two physicians are called to the police stations to examine someone for possible "commitment". Of these, about 100 are certified as needing mental hospital care; about 50 are not.

At least two-thirds of the "police patients" in Baltimore are apprehended by the police on the grounds that the person is in need of mental hospital care. The family or the neighbor or the police themselves know at the outset that this is going to be a person for whom

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## APPENDIX XIII (continued)

two doctors will be called. Only about 6% of the "police patients" are suicidal. At least one-third are in some degree assaultive or threatening or violent, but the dangerous emergency is rare. Two-thirds of the patients have been hospitalized before or have walked out of the hospital without permission.

Approximately 60% of the patients in the sample were apprehended by the police on the street as compared with approximately 40% apprehended in their own homes. Over 50% were charged with disturbing the peace or disorderly conduct.

Additional information included: hour of apprehension, time in police custody, and factors which were apt to prolong the detention period in police custody.

Careful examination of the case records revealed the fact that a considerable number of police patients are persons being returned to mental hospitals, most being discharged patients whose hospitalization has again become necessary; some being patients on unauthorized leave and others on authorized or convalescent leave.

In many of these hospitalizations the true status of the patient was never known at any point to the police. It is significant to note that a number of the police patients who are already mental hospital patients are put through the whole hospitalization process as though they had never before been in a mental hospital.

Attention was given to the following questions: Is arrest and detention required? Is mental illness suspected at apprehension? Who were the patients who voluntarily sought help from the police? What happened to the patients who were examined but not certified for admission to a mental hospital?

It was found that some police officers (including the rank of inspector) and some magistrates did not know before the study began that a person may voluntarily enter a State Mental Hospital in Maryland.

It was found in most cases the entrance of the police into the situation was an act of community service intended to make possible the examination of the patient and his probable "commitment" to a mental hospital. For the person examined and found not to need hospitalization, two alternatives are open. He is either released on the street or held for a magistrate's trial with the possibility of fine, release, or jail. In no instance was it found that a person was referred to any social or psychiatric service in the community for further help. It was also found that many of those not certified on one occasion are subsequently certified on a later occasion. It is suggested by these facts that a certain number of hospitalizations



## APPENDIX XIII (continued)

could be prevented if psychiatric supervision could be made to intervene following such first occasion.

The study revealed that in half the cases the word "alcohol" or some equivalent was used in the records.

As a result of this study from the standpoint of community planning, it would appear that it does not matter whether all, most, many, few or some of the patients put in mental hospitals by the police are "alcoholics" and whether the behavior is thought to stem from "alcoholism" or "psychosis" or both. But it was agreed that all such persons should be taken to general hospitals for examination, diagnosis, emergency treatment, and appropriate referral including possibly an admission for treatment of alcoholism or psychosis and possibly an arranging of admission to a mental hospital for treatment of either alcoholic psychosis or non-alcoholic psychosis.

It can be stated with certainty that police patients are by no means all "alcoholics". It is probable that of all the intoxicated persons handled by the police only a few are hospitalized as psychotic. Many other persons with drinking problems remain in jail.

In reviewing the final outcome of this study, it is worthy to note that no changes were set forth in the 1959 edition of "Rules and Regulations and Manual Procedure of the Police Department of Baltimore City." The "police patient" of 1960 continues to be examined by two Department of Welfare physicians in the police stations.

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## APPENDIX XIV

Laties, Victor G., Lasagna, Louis, Gross, Gertrude M., Hitchman, Irene L., and Flores, Jose. "A Controlled Trial of Chlorpromazine and Promazine in the Management of Delirium Tremens," Quarterly Journal of Studies on Alcohol. June, 1958.

At Springfield State Hospital, promazine had been employed only slightly due to the general clinical impression that it was less satisfactory than chlorpromazine, particularly in regard to duration of effect in the management of agitated alcoholics suffering from delirium tremens and related states. It was decided to compare chlorpromazine with promazine in double blind fashion.

The research was aided by a grant from the U.S. Public Health Service, National Institute of Health, and by a grant from Burroughs, Wellcome & Company.

From June 30, 1956 to February 12, 1957, 97 white male patients were admitted to the Springfield State Hospital with the diagnosis of acute brain syndrome associated with alcohol intoxication. Of these, 36 were considered agitated enough to present a therapeutic challenge to the drugs involved, and had not received any drugs before being brought to the hospital. The drug given each patient was determined as follows: three of the first 6 letters of the alphabet were assigned by lot to one of the two drugs, the remaining three were assigned to the other. Drugs labelled with these code letters were then made available to the physicians and nurses attending the patients; they were instructed to give the first patient admitted to the study drug A, the second drug B and so forth.

Although the data suggest that somewhat more promazine than chlorpromazine is needed to achieve satisfactory clinical effects and that the initial dose of promazine may have been more effective than that of the chlorpromazine, the drugs were essentially indistinguishable in performance. No toxicity was observed with either drug. Both promazine and chlorpromazine failed to produce satisfactory results in occasional patients, but proved adequate for the majority of patients.

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1. The first part of the report deals with the general situation of the country and the position of the various groups of the population.

2. The second part of the report deals with the economic situation of the country and the position of the various groups of the population.

3. The third part of the report deals with the social situation of the country and the position of the various groups of the population.

4. The fourth part of the report deals with the cultural situation of the country and the position of the various groups of the population.

5. The fifth part of the report deals with the political situation of the country and the position of the various groups of the population.

6. The sixth part of the report deals with the international situation of the country and the position of the various groups of the population.

## APPENDIX XV

Baltimore Council of Social Agencies, Planning Committee on Alcoholism, Doreen C. Moore, Staff Assistant, "Acute Alcoholics in Baltimore Area Who Need Emergency Medical Treatment which could be Provided in a General Hospital." July, 1959.

It has often been pointed out that the general hospitals in Baltimore do not accept alcoholic patients for treatment. This study was undertaken by the Planning Committee on Alcoholism, Baltimore Council of Social Agencies, at the request of several agencies and individuals.

Funds for this study were provided by the Baltimore Council of Social Agencies.

The purpose of the study was to determine the extent that general hospitals in Baltimore provide treatment on an inpatient or an outpatient basis for the alcoholic patient.

A questionnaire was sent to each hospital in 1958. The following two questions were asked:

- 1) Do you accept and treat alcoholics for their alcoholism, either during acute or less severe stages? As inpatients or outpatients?
- 2) Under what circumstances, if any, would you consider accepting alcoholics as inpatients?

The same questionnaire was again sent to each hospital in 1959. Fifteen hospitals replied to both questionnaires. Over half the hospitals indicated that they would provide "First Aid" in their emergency rooms. Seven of the 15 admit patients with secondary diagnosis of alcoholism.

Only one hospital stated unequivocally that alcoholic patients would not be accepted, either in the outpatient or inpatient services. The rest of the hospitals gave service to alcoholic patients in varying degrees depending upon the circumstances. Some of the exceptional conditions included the following: "Only when nurses around the clock are provided for". Alcoholic patients would be admitted "only when facilities were available for that purpose; at present we do not have sufficient beds". Alcoholic patients would be admitted "if we had proper facilities and the interest of the medical staff". Another hospital stated it would admit alcoholic patients "if we had better facilities for seclusion and quiet, we should consider accepting patients for alcoholism; it is impossible to do this readily with large open wards".

During this period the Alcoholics Anonymous Central Office Staff estimated that there were roughly 90 requests each month for hospitalization of the acutely ill alcoholic.

We have no information about the use made of this study.

The first part of the report deals with the general situation of the country. It is a very interesting and informative study of the country's development. The author has done a great deal of research and has gathered a wealth of material. The report is well written and is a valuable contribution to the study of the country's development.

The second part of the report deals with the economic situation of the country. It is a very interesting and informative study of the country's economic development. The author has done a great deal of research and has gathered a wealth of material. The report is well written and is a valuable contribution to the study of the country's economic development.

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The seventh part of the report deals with the future of the country. It is a very interesting and informative study of the country's future development. The author has done a great deal of research and has gathered a wealth of material. The report is well written and is a valuable contribution to the study of the country's future development.



## APPENDIX XVI

Baltimore Council of Social Agencies, Planning Committee on Alcoholism, William P. Carton, Chairman, "The Services and Needs for Medical Care of Alcoholics in the Acute Stage," Maryland Review on Alcoholism. July, 1959.

About 75 leaders in the field of alcoholism, including physicians, hospital administrators, nurses, social workers, clergymen, lawyers, magistrates, A.A. members, and others, participated in a conference on May 20, 1959 sponsored by the Planning Committee on Alcoholism of the Baltimore Council of Social Agencies.

The Planning Committee on Alcoholism included: Mr. William P. Carton, Executive Committee, Division of Medical and Health Agencies, Baltimore Council of Social Agencies. Other members on the committee included: Dr. Caroline A. Chandler, Acting Chief, Division of Mental Health, State Department of Health; Major John J. Ford, Eastern Area Secretary, Volunteers of America; Dr. Lewis P. Gundry, Baltimore City Medical Society; Mr. Robert S. Hoyt, Administrator, Lutheran Hospital; Mr. Frank T. Jones, Executive Secretary, Maryland Tuberculosis Association; Mr. Arthur D. Pratt, Jr., President, Flynn Christian Fellowship Houses; Miss Julia Freund, Public Health Nursing Consultant in Mental Health, State Department of Health; and Mr. Herbert G. Fritz, Chief, Division of Hospital Services, State Department of Health.

The conference participants reaffirmed the tenet that alcoholism is a disease which requires medical management, particularly during the acute stage. They further ascertained that treatment is currently available at a variety of resources, but that treatment is not consistently available to the extent that it is demanded and needed. They identified several factors contributing to this dearth of services such as: apathy on the part of physicians and other hospital personnel toward the alcoholic's need for treatment, lack of adequate financing, the repititious relapse common to the disease, the comparatively low rate of cure, and the cursory attention given it in medical schools.

The keynote address entitled "Resources for Medical Treatment for Acute Alcoholics" was given by Dr. Isadore Tuerk who described a variety of treatment plans and facilities for the care of the acute alcoholic now being provided throughout the United States.

Dr. Edward Davens, Director of the State Department of Health, Panel Moderator, introduced the panel members who represented three sources for medical care of the acute alcoholic - the general hospital, the state mental hospital, and the private physician.

Mr. Robert S. Hoyt, Administrator of Lutheran Hospital, discussed the results of the survey of general hospitals described in the foregoing.

The first part of the report deals with the general situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved.

The second part of the report is devoted to the financial statement, showing the income and expenditure for the year. It also includes a statement of the assets and liabilities of the organization.

The third part of the report contains a summary of the work done by the various committees and sub-committees. It also includes a list of the names of the members of these bodies.

The fourth part of the report is a statement of the progress of the various projects and the results achieved. It also includes a list of the names of the persons who have been involved in these projects.

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## APPENDIX XVI (continued)

Dr. Albert Kurland, Director, Department of Research, Spring Grove State Hospital stressed the need to combine the research and treatment. He attributed the reluctance of the physicians and hospitals to treat alcoholics to the fact that at best, treatment methods are inexact and comparatively ineffective in relation to positive cures. He predicted that when more knowledge of causes and treatment methods leading to cures is available that hospitals and physicians will accept alcoholism as a full-fledged disease and will readily apply the prescribed treatment. Dr. Kurland strongly urged that a pilot project combining a clinical and research approach be established in one of the state mental hospitals which is in a position to exercise more control over the movements of patients than a general hospital, and which has the concomitant psychiatric services which would be required for a thorough investigation of this problem.

Dr. Lewis P. Gundry and Dr. Newland Day discussed the problems of treating an acute alcoholic from the point of view of the private physician. Dr. Gundry pointed out that education within the medical profession and the public in general is needed. Although alcoholism is recognized as a medical problem which is widespread, <sup>and</sup> is increasing, relatively little attention is given to it in medical schools; whereas diabetes, which affects a minute portion of the population is given intensive coverage.

Needs for treatment of acute alcoholics and the problems encountered in providing such services were further elaborated upon by additional members of the panel which included: Dr. Harry Chant, Assistant Director, Johns Hopkins Hospital; Lad F. Grapski, Director, University Hospital; Frederic G. Hubbard, Director, City Hospital; William F. Morrison, Director, Church Home and Hospital; Dr. Gertrude Gross, Physician-in-Charge, Admission Service, Springfield State Hospital.

Recommendations were made from the floor as well as by panel members.

The need for research, education, and service was basic in the recommendations that were made; specifically these included:

1. Establishment of a six-bed alcoholic unit in a general hospital in downtown Baltimore.
2. Special alcoholic unit be established at a State mental hospital which would offer a combined clinical and research program.
3. The establishment of a local research information exchange.
4. The establishment of an alcoholic information center.

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## APPENDIX XVI (continued)

5. General hospitals be requested to appoint a staff member who is interested and informed about the problems of alcoholism to help alter negative or apathetic attitudes on the part of many physicians and other hospital staff members toward alcoholics and the treatment of alcoholism.
6. A program of education be inaugurated to inform the public about the treatment needs of the alcoholic and the problems inherent in alcoholism.

The Planning Committee on Alcoholism has continued to work toward the implementation of the recommendations. The Information & Counseling Center was created in November, 1960, under the auspices of the Maryland Society on Alcoholism. The Alcoholic Rehabilitation Unit was established at Spring Grove State Hospital in August, 1959, providing a combined service and research program. The Speakers' Bureau of the Division of Mental Health and Child Health, Bureau of Preventive Medicine in the State Department of Health, has been very active during 1959 and 1960. Little progress has been made in opening the doors of the general hospital to the alcoholic or in giving more attention to the subject of alcoholism in medical education.

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## APPENDIX XVII

Prather, Perry F., and Chandler, Caroline A. "Program for the Control of Alcoholism: Objectives and Methods," Maryland State Medical Journal. January, 1960.

This report is the result of previous experience of the Department of Health in the control of alcoholism through the Section of Alcohol Studies, Division of Mental Health, in Bureau of Preventive Medicine.

The report defines alcoholism as a disease and a major public health problem. Medical treatment of the acute stage of alcoholism is described. In accordance with the recommendations of the American Hospital Association that general hospitals develop programs for the care of alcoholics, the State Health Department will take all steps possible to encourage general hospitals to accept the acutely ill alcoholic in general wards. The State Health Department will encourage the local health units throughout the State to work with local general hospitals, local medical societies, and individual physicians, and other appropriate local agencies to establish treatment units in local hospitals for the acutely ill alcoholic.

With regard to the chronic stage, the Health Department urges general hospitals to provide outpatient follow-up services for alcoholics upon discharge from inpatient hospital wards. A system of referral to appropriate county health clinics (including mental health and other health services) should be established between the local health departments and the general hospitals as well as to encourage patients under the care of private physicians to return to their own physicians following hospitalization.

Rehabilitation services for the alcoholic will call for full utilization of a variety of resources including social agencies and Alcoholics Anonymous. In the light of present concepts concerning alcoholism, it was pointed out that "it is difficult to find justification for establishing a segregated unit for the rehabilitation of alcoholics; segregation according to disease is rapidly becoming an outmoded medical concept". The report further states "at different stages of his illness, the alcoholic will need different types of community service. To think in terms of segregating him from the mainstream of community care is to deny the fact that he is a person who suffers from an illness, while not necessarily curable, is certainly treatable".

The need for research was stressed, since neither cause nor cure for alcoholism is known. Teaching hospitals should be encouraged either to establish alcohol units on their medical wards or to designate a number of beds for alcoholics, not only for treatment purposes, but to provide opportunities for medical students, health staff, and nurses to learn about the disease of alcoholism. There is no doubt that the hospital is the best place for instruction in the clinical aspects of any disease, but it is difficult to see how much instruction





## APPENDIX XVII (continued)

in alcoholism can be carried out if alcoholic patients are not admitted to the hospital.

The success or failure of the Public Health Program depends largely upon the public acceptance both lay and professional of the problem involved; public education, therefore, is essential. The Division of Mental Health is currently supporting the following educational activities.

1. Publications. In addition to the bi-monthly publication of the Maryland Review on Alcoholism, pamphlets are distributed; and films may be borrowed.
2. Scholarships are provided selected individuals to attend the Yale University Summer School of Alcohol Studies.
3. With the cooperation of the graduates of the Yale University Summer School of Alcohol Studies, a Speakers' Bureau is maintained.

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1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 26

## APPENDIX XVIII

Gruenwald, F., Hanlon, T. E., Wachsler, S., and Kurland, A. A. "A Comparative Study of Promazine and Triflupromazine in the Treatment of Acute Alcoholism," Diseases of the Nervous System. January, 1960.

Initial reports on the use of chlorpromazine in the treatment of acute brain syndrome resulting from alcoholism claimed that the drug approached the ideal agent by relieving the patient of his excitation without causing excessive depression and subsequent release effects, thus permitting the patient to aid in his own management. Similar agents have been tried as they have come on the market, but the relative effectiveness of these compounds in the treatment of acute alcoholism remains undetermined, since the comprehensive comparative controlled studies are not numerous.

The purpose of this study is to compare one of the first of the fluorinated phenothiazine analogs, triflupromazine, with promazine. Such a study is of practical theoretical importance since in terms of dosage, triflupromazine is more potent than promazine, less potent than chlorpromazine. The only difference among these compounds is the halogen component.

The promazine used in this study was supplied as Sparine by the Wyeth Laboratories, Philadelphia, Pennsylvania, and the triflupromazine used in this study was supplied as Vesprin by E. R. Squibb & Sons, New Brunswick, New Jersey.

Patients admitted to the hospital infirmary during this study were treated by the same physician throughout. Patients admitted on even numbered days were given triflupromazine and those admitted on odd numbered days, promazine. The rating scales were developed for evaluating the changes in the symptomatology produced by the drug. From September, 1958, to April, 1959, there were 200 patients admitted for alcoholism of whom 87 were deemed acceptable for the comparative drug study.

Results indicated that patients with mild to moderate symptom manifestations responded promptly to both drugs with no significant inter-drug difference noted. Patients with delirium tremens responded less promptly and, regardless of drug, additional sedation was required in at least half the cases. Complications resulting from both treatment procedures were approximately the same and not serious in any group.

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## APPENDIX XIX

Bahn, Anita E. "A Methodological Study of the Outpatient Psychiatric Clinic Population of Maryland, 1958-59." April, 1960.

Prior to 1954, data on individuals receiving outpatient psychiatric services had not been available on any systematic basis. The National Committee for Mental Hygiene, the Community Chests and Councils, Inc., and the Childrens Bureau had attempted the collection of workload reports from selected clinics. The Mental Hygiene Departments of a few states, such as California and Virginia obtained reports from state operated clinics only. On July 1, 1954, an annual reporting program for the more than 1,200 governmental and non-governmental outpatient psychiatric clinics in the country was formally initiated by the National Institute of Mental Health in cooperation with the State mental health authorities. The primary objective was to obtain a nucleus of uniform data on the number and kind of outpatient psychiatric clinics in existence; the demographic and diagnostic characteristics of the patient population, and the services provided to patients and the community.

Although a number of State reports had been published, no analysis had been made of the patient data as related to a population base. The objective of this study, therefore, was to answer the following methodological questions on direct clinic service to patients based upon an intensive field study in a limited geographic area:

1. Is the reporting system for outpatient psychiatric clinics practical and feasible and, if not, what modifications may be necessary?
2. What techniques can be used in analyzing clinic data systematically collected for an entire State to aid in the epidemiological study of mental disorders and the programing of mental health services?

Funds were provided by the National Institute of Mental Health and the State Department of Health. Much of the time spent in analyzing the data was donated by Dr. Anita E. Bahn, who used the data in preparation for her dissertation submitted to the School of Hygiene and Public Health of the Johns Hopkins University.

The study covered a period from July, 1958, to June 30, 1959, and included 48 outpatient psychiatric clinics in the State - 25 in Baltimore City and 23 in the Counties. These clinics provided an average of 5,100 professional man hours of clinic service per week, the State ranked 9th in number of such hours per 100,000 population. In addition 9 clinics in the District of Columbia served residents in Maryland.

Data were reported on a standard patient service record form which included identifying information on admission, and diagnostic and service



## APPENDIX XIX (continued)

information upon termination (except the Veterans Administration Clinic).

During the 12 month study, a total of 10,616 Maryland residents were reported under the care of outpatient psychiatric clinics, including a small number (630) served by District of Columbia clinics. The annual rate of admission to the clinics was 285 per 100,000 population.

Some characteristics of patients were as follows:

1. Rates of admission are relatively high for children in non-metropolitan counties and low for adults, whereas the reverse is true in Baltimore City.
2. Clinic rates for boys generally exceed those for girls.
3. Among the age groups there is a higher rate among school children and for adults between the ages of 30 and 40.
4. Patients classified as having alcoholism (addiction) or with brain syndrome associated with alcohol intoxication represent less than half of the adult patients 20 years of age and over identified as problem drinkers.
5. An estimated 6% of the admissions and 5% of the terminations are duplicates.

With regard to services to patients, the following points were noted:

1. Outpatient psychiatric clinic service tends to be brief. 56% of all patients receive their final interview by the end of the first month after admission.
2. The probability of leaving is higher for children than adults for each month and, generally, higher for non-whites than for whites.
3. In general, higher retention rates are found for the metropolitan than for the non-metropolitan rural resident.
4. Referral to other agencies for further service account for three-fifths of those who leave in the first month and about a third of those who leave in subsequent months. Inpatient and other outpatient psychiatric services are the principal agencies to which adults are referred.
5. "Self termination" accounts for over a fourth of the adults who leave in the first month and over half of those who leave





## APPENDIX XIX (continued)

in subsequent months; three-fourths of these patients do not notify the clinic of their intention to withdraw.

6. Only 10 per cent of the patients who leave in the first month have been treated compared with 41 per cent the second month and 86 per cent after the fifth month. More of the adults than the children are reported as treated, but among those treated relatively fewer of the adults are classified as improved.
7. The median number of interviews for those leaving in the first 8 months is 3 for both children and adults.

The following recommendations, among others, were made:

1. Identifying and other demographic information should be reported on admission to permit the computation of admission rates and study of services through cohort analysis.
2. The symptom "excessive drinking" defined as "use of alcohol which interferes with daily living" should be reported routinely to provide more complete information on the extent of this problem for ecological studies and alcoholism control programs.
3. In order to limit the administrative lag in terminating a case, it is suggested that all cases be statistically terminated within 90 days following patient's last visit without exception.

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## APPENDIX XX

Martin, William A. "A Review of Baltimore's Problem of Chronic Alcoholism and Acute Intoxication," Health and Welfare Council of Baltimore Area, Inc. May, 1960.

This report is a tentative analysis of the problem of alcoholism and intoxication in Baltimore prepared for consideration by the Mayor's Committee on Chronic Alcoholism.

Mayor Grady appointed the following persons to the Mayor's Committee on Chronic Alcoholism: Dr. Newland E. Day, Chairman, The Rev. Edward Carroll, Mr. Richard F. Cleveland, Mrs. Palmer H. Futcher, Dr. Lewis P. Gundry, Mr. H. Morton Rosen, Mr. Arthur D. Pratt, Dr. Frank Iber, Mr. I. William Schimmel, Mr. William Martin, Dr. Furman Templeton, Mrs. Richard Goodman, The Rev. Harry E. Shelley, Jr., Mr. Foster Fanseen, The Rev. Francis Tobey, S. J., Mr. Francis A. Davis, and Miss Ruth Baetjer.

The suggestions for discussion were based primarily on a number of previous studies which pointed up four specific categories of alcoholic persons. These categories were analyzed to provide a basis for planning four separate and distinct programs.

The classifications of alcoholic persons were as follows:

1. The indigent and homeless sent repeatedly to jail.
2. Acutely intoxicated persons arrested by the police.
3. Acutely intoxicated persons not under arrest.
4. Chronic alcoholics not under arrest and not acutely ill.

In conclusion, the author points out that when the several major categories of alcoholic persons are separated out for analysis, it can be seen that each of the law enforcement agencies and health agencies has a responsibility which is appropriate and attainable. In the past each agency has shied away from the alcohol problem because of the size of it and the fear of being unable to cope with a deluge of referrals.

One of the most urgent needs is coordination. The author proposes the following element in a comprehensive community plan:

1. A rehabilitation center under the auspices of the Jail Board for selected chronic police case inebriates sentenced for long terms by the magistrates.
2. Diagnostic and treatment services for acutely ill persons with alcohol poisoning in police custody.
3. Diagnostic and treatment services for persons with acute alcohol poisoning who are not in police custody.

# MEMORANDUM

TO : The President  
FROM : The Vice President  
SUBJECT: [Illegible]

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[Illegible text]

[Illegible text]

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## APPENDIX XX (continued)

4. Social, medical, psychiatric, and rehabilitation services for chronic alcoholics who are not under arrest or not acutely intoxicated, and are not chronic police case inebriates.

The author suggested that coordination of these and other services might be done by the Baltimore City Health Department. The Health and Welfare Council of the Baltimore Area, Inc. has the responsibility for conducting studies, arranging conferences, and establishing other short-term projects. It does not offer direct services nor on-going coordination on a permanent basis. It can supply information and consultation to agencies and organizations which have permanent on-going service responsibilities including the responsibility for day-by-day coordination of direct services.

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## APPENDIX XXI

Lohrman, Rev. Enno K. "Study of a Group in a Psychiatric Setting."  
June, 1960.

Chaplain Lohrmann initiated the group meetings in September 1959 at the request of the psychiatrist in charge of the Alcoholic Rehabilitation Unit. The purpose of the meetings was to provide "an opportunity for the patients to discuss social and family problems and to relate them to religious practice. Many alcoholics have a perverted outlook on what a religious life is. Many are cynical and bitter about early religious experiences. Others are filled with a deep sense of guilt about their failure to live up to stated religious beliefs. Some are looking to community churches of childhood for help and guidance, but with uncertainty. They are fearful they will not be accepted. Meeting with a chaplain will clarify and define some of these problems for the men".

Chaplain Lohrmann made an evaluation of the results of the group discussions at the end of one year to ascertain if the groups were meeting the goals originally intended.

Two group discussions were selected for intensive study. Responses of all patients were recorded. Ten of the 16 persons attending the first meeting and 7 of the 14 persons attending the second meeting participated in the group discussions. The type of participation and the number of responses were analyzed.

In summary, the chaplain leader of the alcoholic group in the Rehabilitation Unit at Spring Grove Hospital sees himself as a religious symbol of the patients. He also has the role of religious teacher. At other times his purpose is to be nondirective and non-committal permitting the patients to freely express themselves. Topics for discussion are selected by the chaplain with suggestions given monthly by the group. In the discussion period which follows the opening presentation, the chaplain answers questions, then deals with notions and ideas about religion which some patients may have. He attempts, at times, to be provocative in his discussion without being judgmental of the participants' practices. He hopes that patients will realize that the Church and religious organizations are concerned about them and their needs. He desires to help them see the relevance of the religious truth to their personal problems. As a result of his meeting he hopes the patients will become more confident as they mature emotionally and develop more satisfying and meaningful relationships with each other.

## APPENDIX

THE FOLLOWING TABLES SHOW THE RESULTS OF THE ANALYSES OF THE

DATA OBTAINED FROM THE ANALYSES OF THE SAMPLES OF THE  
MATERIALS WHICH WERE ANALYZED IN THE LABORATORY OF THE  
BUREAU OF MINES, WASHINGTON, D. C. THE RESULTS OF THE  
ANALYSES OF THE SAMPLES OF THE MATERIALS WHICH WERE  
ANALYZED IN THE LABORATORY OF THE BUREAU OF MINES,  
WASHINGTON, D. C. ARE GIVEN IN THE FOLLOWING TABLES.

TABLE I. ANALYSES OF THE SAMPLES OF THE MATERIALS WHICH  
WERE ANALYZED IN THE LABORATORY OF THE BUREAU OF MINES,  
WASHINGTON, D. C.

TABLE II. ANALYSES OF THE SAMPLES OF THE MATERIALS WHICH  
WERE ANALYZED IN THE LABORATORY OF THE BUREAU OF MINES,  
WASHINGTON, D. C.

TABLE III. ANALYSES OF THE SAMPLES OF THE MATERIALS WHICH  
WERE ANALYZED IN THE LABORATORY OF THE BUREAU OF MINES,  
WASHINGTON, D. C.



## APPENDIX XXII

Health & Welfare Council of the Baltimore Area, Inc., Committee on the Hospitalization of the Mentally Ill, Wayne E. Jacobson, M.D., Chairman. "Access to the Mental Hospital." July, 1960.

A series of studies on the handling of psychiatric emergencies was initiated by Baltimore Police Commissioner, James M. Hepbron in September, 1955, when he requested that a study be made on the reasons for the need for police officers to transport mental patients. Commissioner Hepbron pointed out that many man hours of time of police officers were being used to transport patients from the police station to general hospitals, and from general hospitals to the state mental hospitals. Many studies and reports were written over a four year period. Nearly half of all patients were reaching the hospital by way of the police station and county jail.

The Committee on the Hospitalization of the Mentally Ill appointed by Dr. Edward Davens, Chairman of Division of Medical & Health Agencies in the Health and Welfare Council of the Baltimore Area, Inc. included the following:

Wayne E. Jacobson, M. D., Chairman	Marshall A. Levin
Caroline A. Chandler, M. D.	William W. Magruder, M. D.
Henrietta B. DeWitt *	Ralph B. Murphy
L. Whiting Farinholt	John O. Neustadt, M. D.
Jacob E. Finesinger, M. D. *	Clifton T. Perkins, M. D. *
Harry Goldsmith, M. D.	John M. Scott, M. D.
Manfred S. Guttmacher, M. D.	Isadore Tuerk, M. D.
James M. Hepbron	Eberhard H. Uhlenhuth, M. D.
Irene L. Hitchman, M. D.	Esther Walcott
Richard G. Knox	Imogene Young
Esther Lazarus	William A. Martin, Secretary
Paul V. Lemkau, M. D.	

\* Deceased

The charge to the Committee was to study the whole process through which people enter mental hospitals. No study was made of the clinics or hospitals caring for the mentally ill patients. The Committee reviewed the procedures, policies, statutes, and reports that bear on this problem. The question was raised: Who is responsible for the bringing together of the patient and the mental hospital?

The study was financed by the National Institute of Mental Health over a two year period. The cost of the study was approximately \$50,000. Of this amount the National Institute of Mental Health made a grant of \$11,000 for the first year and \$26,000 the second year.

The purpose of the study was to find the gap in services to the mentally ill and their families in Maryland to avoid, if possible, the



## APPENDIX XXII (continued)

need to detain mentally ill individuals in police stations and jails, and to provide some other means of transporting mentally ill patients from their homes, or the jail, or general hospitals to the state mental hospitals.

During the life of the project, and in connection with the study of one month's "police patients", there was much discussion of the place which alcoholism holds in the police management of psychiatric hospitalizations. Occasionally it was suggested that the problem under review in this report was, essentially, the problem of alcoholism.

Data were collected through a series of separate studies. It was found that general data regarding movement of patients were not kept by the Department of Mental Hygiene or the Department of Health.

One important result of the study was the need to keep this subject matter under systematic scrutiny and review. Another result was a plan for closer coordination between the Department of Mental Hygiene and the Department of Health in serving the mentally ill in Maryland.

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## APPENDIX XXIII

Maryland Commission on Alcoholism, Lewis P. Gundry, M.D., Chairman.  
"Report on Alcoholism in the State of Maryland." February, 1961.

On June 25, 1959, Senator Aaron A. Baer wrote to Senator George W. Della requesting that the Legislative Council discuss the feasibility of providing a state institution or medical facility for treatment of alcoholics in the State. Following the discussion of this request at a meeting of the Judiciary Committee on September 2, 1959, a bill was prepared and introduced in the House of Delegates by Messrs. Boone, Robinson, and Lee on February 5, 1960, providing for the creation of the State Commission on Alcoholism.

Commission members appointed by Governor J. Millard Tawes included: Lewis P. Gundry, M.D., Chairman, Leo Bartemeier, M.D., William L. Clapp, Mrs. Roland B. Duke, John McGrath, Alfred P. Quimby, and Rowland Pesey, Secretary.

Before expending State funds for a State institution for the treatment of alcoholics, the General Assembly created the Commission,

"to study and investigate the problems of alcoholism within this State including but not necessarily limiting itself to:

- (1) present statutes, practices, and procedures for the committal, both voluntary and involuntary, of alcoholics, both acute and chronic,
- (2) present methods of and facilities for the treatment of acute and chronic alcoholics."

A total of \$25,000 was provided from the Governor's budget to complete the study on or before January 1, 1961. A staff was employed consisting of Professor Harrison M. Trice, Ph.D., Consultant, who had performed similar work in the past in other states, Mr. Howard M. Bubert, Jr., a lawyer who concentrated on the judicial and law enforcement areas and Miss Lillian M. Snyder, a psychiatric social worker, who devoted herself to the medical and psychiatric areas of investigation.

The Commission estimated that about 75% of the alcoholic population have had little or no contact with courts or hospitals. Before steps can be taken to assist this group; however, attention must be given to the chronic police court inebriate (3% to 7%) and the alcoholics suffering from mental disorders (about 20%).

Since time for the study was limited a priority list was prepared of agencies and institutions, beginning with the most obvious sources of information. The investigations were directed at learning the process of identifying the alcoholic, procedures used in handling or treating them, and the results of therapies used. Twenty-six departments, agencies, or groups of hospitals were studied in whole or in part.

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## APPENDIX XXIII (continued)

Except for persons specifically arrested for drunkenness no record is kept by the judicial or law enforcement agencies to identify the alcoholic. The Commission recommended that the magistrates keep a record of all alcoholics appearing before them over a period of one year to determine the extent of the problem. It was agreed that designated magistrates or judges should try the drunk cases. It was further agreed that a counseling service should be attached to the courts for the responsive offender, a rehabilitation institution should be built for the beginning Skid Row alcoholic and a jail farm for the older unresponsive alcoholic.

The Commission found that the methods of labeling an alcoholic varied considerably among the medical and psychiatric agencies. Although some agencies employed fairly elaborate treatment procedures, there is an almost total lack of evaluation of the effectiveness of these therapies. There is almost no effective coordination and liaison between the different agencies handling alcoholics, and there is almost no discharge planning. Many professional staff members have had little or no training in, or even experience in, dealing with alcoholic patients. Constant readmissions are overtaking the admission services of the State Mental Hospitals.

The Commission recommended that the General Assembly "immediately take whatever action is necessary and appropriate whatever funds are needed" to strengthen the Alcoholic Rehabilitation Unit at Spring Grove State Hospital and to establish similar units in the other State Mental Hospitals.

Although a substantial number of both professional and lay people have been working with diligence and enthusiasm in the field of alcoholism in Maryland, these efforts have been in general piecemeal, disparate, and uncoordinated. As a result, much time, effort and money is being spent to achieve ill-defined and unknown goals by ill-suited means. The great need is for coordination.

The Commission also recommended that its life be extended to carry out its work.

The General Assembly extended the life of the Commission "to submit a report to the Governor and to the General Assembly on or before January 1, 1962, setting forth the results of its studies and its recommendations, if any, for legislation."

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